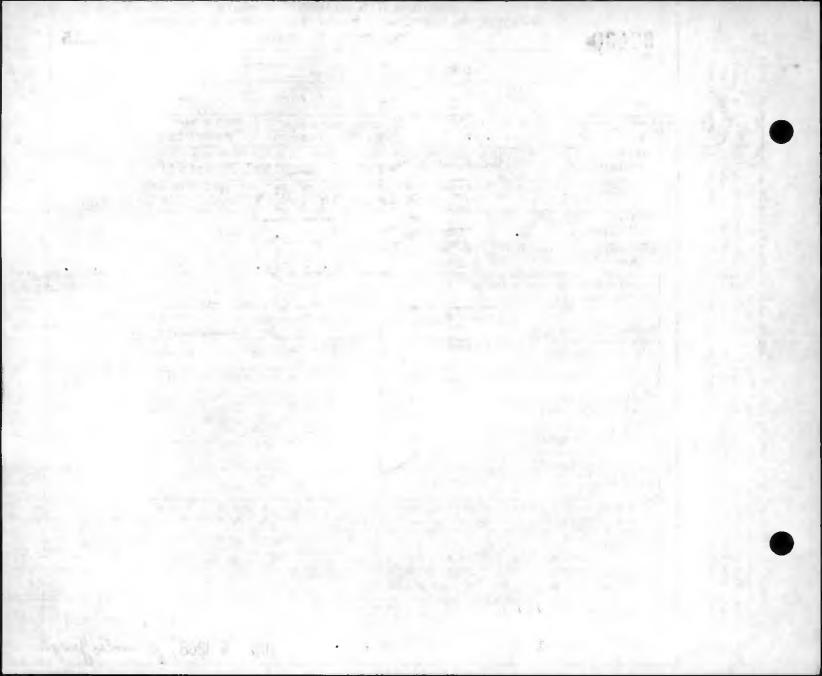
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08435 CERTIFICATE OF DEATH DECEASED-NAME First Last 20. DATE OF DEATH 2b. HOUR and 2 death. qurs after death Nellie (Type ar print) Florence 4. RACE S. DATE OF BIRTH IF UNDER 24 HRS. 3. SEX 6. AGE (In years TE LINDER I YEAR dast birthday) 6/4/85 Female White 7o. BIRTHPLACE (Stote or foreign 76. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED NEVER MARRIED countylaryland U.S.A. Frederick WIDOWED-DIVORCED [MODO 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR requires that the death certificate be executed within Frederick Memorial Hostoppe mon of procking life even in retired.) INDUSTRY give street address carbon ond completely 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE Maryland 13b. COUNTY rederick Brunswick YEST Ninth Avenue remove ony 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle Middle Lost Lost Henson Thompson Emma C. Himes please signed by the attending physician burial-transit permit. Then please burial, cremation, or removal, and 17. INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Address Yes, no jer jenknown) (If yes give war or dates of service) Mrs. Edna J. Lewis Brunswick, Md. none 18. CAUSE OF DEATH (Enter only one cause per life for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove ; rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) ottending this certificate has been os the 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED. 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [ATTENDING PHYSICIAN: the hospital ar 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 1B.) b OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical exominer) P.M. detached 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street of R.F.D. No. 21d. INJURY OCCURRED State City or Town County While Nat while at wark O FUNERAL DIRECTOR: After 22a. I certify that (I) (this haspital) attended the deceased frames _19____and that in (my) (aur) apinion death occurred on the dote and haur and from the saw the deceased alive onbe retoined causes stated above, (1) (we) (didf(did not) view the bady after death. 22b. SIGNATURE 22c. DAJE SIGNE ATTENDING MED. DEGREE 22d. PHYSICIAN'S 22e. ADDRESS director, po NAME (Type) 700 MON 23a. BURIAL CREMATION REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY Park Heights Cemetery 23d. LOCATION (City or Town) (Stote) (County) Brunswick, Maryland REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR
Feete Funerak Home Brunswick, Md. 2Sa. REC'D BY REGISTRAR

VR A15 (4) 30M REV. 1/68



MARYLAND STATE DEPARTMENT OF HEALTH

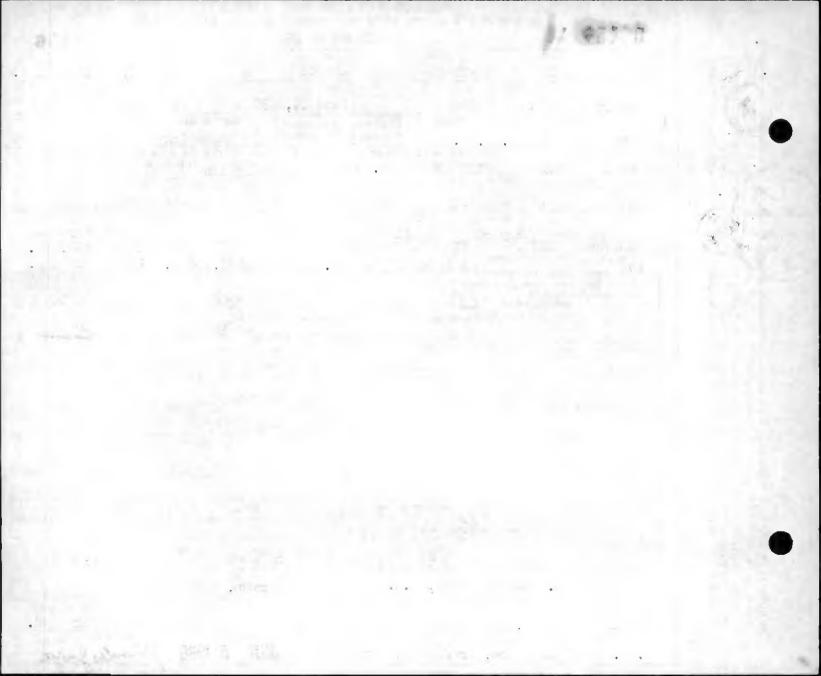
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

00203		CERTIFICATE (OF DEATH			543	5 6
I. DECEASED-NAME First		Last		20. DATE OF DEATH	0		2b. HOUR
(Type or print) GRACE	TRAIL	BABC	DCK	June	Tex	1968	ll a.
3. SEX	4. RACE		OF BIRTH	6. AGE (In ye	0013		UNDER 24 HRS.
Female	White	June	e 12,1890	Take pirmod	YRS.	2 DATS NO	PURS mile.
7o. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER	MARRIED [9. COUNTY OF DEATH			
France	U. S. A.		DIVORCED	Frederick			M
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR I	NSTITUTION (If not in hosp	itol 120. USUA	L OCCUPATION (Kind of wor	k done 12b	. KIND OF BUSI	INESS OR
Braddock Height	s gweethaddona (Conv.Home	during mo	ost of working life, even if re SEVILIE	etired.) INI	DUSTRY	
	used lived, if institution: Residence before	B 13c. CITY OR TOWN	13d, INSIDE CITY LIF				
admission) STATE MaryLand	Frederick	Frederick	YES NO	Council S	Street		
14. FATHER'S NAME First	Middle Lost	IS. MOTHER	'S MAIDEN NAME F	rst M	liddle	1	Lost
Charles	Baward Trai	il	Grace		Wi	nebren	ner
16a. WAS DECEASED EVER IN U.S. AR		Y NO. 17. INFORMAN	IT	Ac	dress rede	rick,	Md.
Yes, no, ar unknown) (11 yes give	war or dates of service) 264 30 6	5783 D Mrs.	Glenn Mi	chel,408 S. (College	Parkw	ray.
18. CAUSE OF DEATH (Enter of	inly one cause per line (a) (b), and (c).)	20.			APPROXIMATE BETWEEN ONSET	INTERVAL AND DEATH
PART I. DEATH WAS CAUS	ED BY	necerso (Dock	rece		4.7	ui
4109	DUE TO, OR AS A CONSTQUENCE O	1 /	emoles	20			
Canditians, if any, which gave) " Ines	reacisi	ul as			500	Your
rise to immediate cause (a), stating the underlying couse	DUE TO OR AS A CONSCIONATION		The same of the sa	-1/		12.136	1
last.	(0)	neima	ulas	Laure	0 1	LAGE	415
PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR C	ONDITION GIVEN IN PART 1(a)	1	J	1
= 4201 Obrel	ero Belinesi	19113	Se Cles	edil	•		
	. CONDITION FOR WHICH OPERATION WAS I	PERFORMED 20a.	AUTOPSY?	20b. IF YES, WERE FIR	NDINGS CONSIDE	ERED IN CERTIF	FYING
DIE!		YF	S NO 🔀	CAUSES OF DEATH?			
				nature of injury in Port 1 or	Part 2, Item 1	B.)	
OR CONTRIBUTING CAUSE OF DE.		or 19					
21d. INJURY OCCURRED 21e	e. PLACE OF INJURY (AT HOME, FARM, STREET, I		Street or R.F.D. No.	City ar Town	Cau	inty	State
While Nat while at work	OFFICE BUILDING, ETC.	,	^				
22a, L certify that (I) (t	his hospital) attended the decea	sed from	25.196	8, ta 6/1	1960	≥ , that (I)	(we) la
saw the deceased	alive an 6//	1968, and that is	n (my) (aur) api	nian death accurred on	the date or	id haur and	d fram th
	ve, (1) (we) (did) (did not) view the	e bady after death.					
22b. SIGNATURE	Dag Ste	ATT	ENDING M	ED. STAFF PHYS.	22c. DATE S	3,1968	3
and appreciation	telloge	THE GEGREE PHI		RECTOR PHYS.) omis	J91700	
22d. PHYSICIAN'S NAME (Type) A	Talbott Brice, M	•D• ZZe	. ADDRESS	on, Maryland			
		F CEMETERY OR CREMATO		23d. LOCATION (City or Tov	,		(Stote)
1		Olivet Ceme		Frederick	Freder		Md.
24. FUNERAL DIRECTOR	ously m ADDRE	SS Fakeler	Z ZSO. KECU B	Y REGISTRAR 25b. REG	SISTRAR'S SIGNA	HUKE	

and 2 death. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physican and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please, cambae carban papers. Pages 1 and 2 Shauld be filed with the State Dept. at Health priar ta burial, crematian, ar remaval, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Page 4 may be retained by the hospital or attending physician.

M. R. Etchison & Son, Frederick, Maryland

196B DATE



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

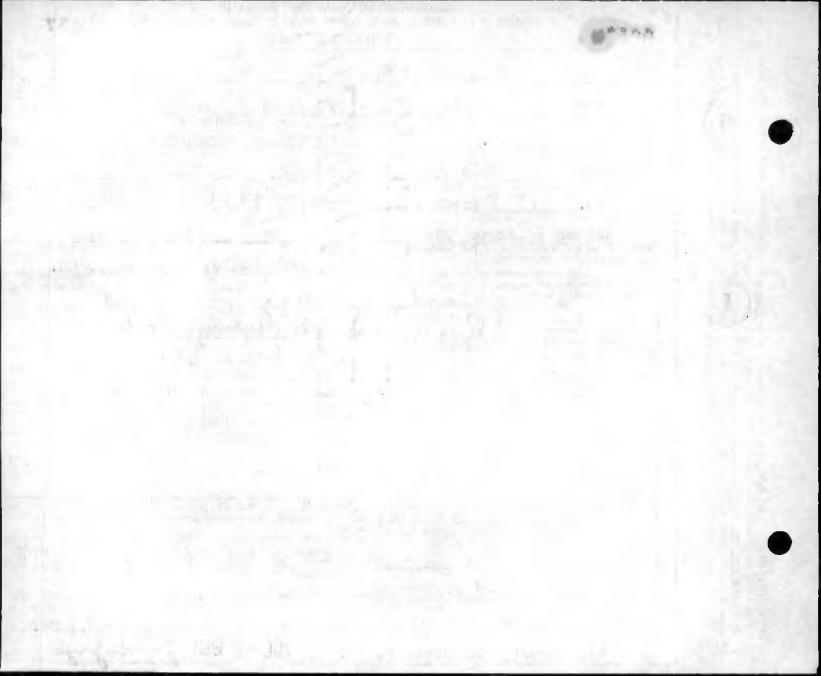
1. DECEASED-NAM		it Mir	ldle	Lost	2a. DATE OF	DEATH		2b. HOUR
(Type or print)	Walter	Samuel	Bidl	e. Jr.		6 Month 28 Do	Y 68°or	T A
3. SEX		4. RACE	-101	S. DATE OF BIRTH		6. AGE (In years	IF UNDER 1 YEAR	JF UNDER 24 HRS.
ma	le	white		7/28/1908	3	last birthday)	MONTHS DAYS	HOURS MIN.
o. BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY	Y? 8. MARRIED	NEVER MARRIED	9. COUNTY OF	1		
country) Mar	vland	U.S.	WIDOWED		Fre	derick		M
O. CITY OR TOWN	OF DEATH	11. NAME OF HOSP	TEAL OR INSTITUTION (If			(Kind of work done	12b KIND OF	BUSINESS OR
Frede		give street oddres	s)	during	most of working	life, even if retired.)	INDUSTRY	003111233 011
		osed lived, if institution: Residen		ial Hosp.		OWNER M	farm	O small
dmission) STA1		136 COUNTY	erick.Mve	Vec (T)		ute 2	iddlet Myersv	ille 1
4. FATHER'S NAA	IE First	Middle		5. MOTHER'S MAIDEN NAME	First	Middle		Lost
	Walter		idle		rginia		0	4007
	ED EVER IN U.S. AF			INFORMANT	181115	Grace	Rout	0 2
Yes, no, or unk		war or dates of service)			Ridle	Myersvi		-
no	05 054711 (5-1-1-1				Diares	TIACTOAT	APPROXI	MATE INTERVAL
IB. CAUSE	OF DEATH (Enter of DEATH WAS CAUS	only one couse per line for (o), (I	//	1			BETWEEN C	DINSET AND DEATH
111		DIATE CAUSE (a)	race	lampo	7	2		
64 6	110	DUE TO, OR AS A CONSEC	0 11	lissectiva (Cheures	Rail	-	
	if ony, which gove lediote couse (o),	(b)	rued 1	MASK CA MA	ordered,	m- (coll	00	
stating the	underlying couse	DUE TO, OR ASYA GOINSED		Cuti Mu	20:00	Monine		
last. 45			Matur	apor in	acar)	VECA		
/3		ONDITIONS CONTRIBUTING TO DE					A	
	entral	presense	in; logn	enteriore a	1.12.000cl	. Theart	Mrscer,	и
190. DATE OF	OPERATION 191	b. CONDITION FOR WHICH OPERATI	ON WAS PERFORMED	20o. AUTOPSY?		YES, WERE FINDINGS	CONSIDERED IN C	ERTIFYING
				YES NO	☐ CAUSES	of DEATH? Ye	9	
	NT WAS UNDERLY	Ties think of theory	21c. h	IOW INJURY OCCURRED (En	nter noture of inju	ry in Port 1 or Port 2,	Item 18.)	
OR CONTRIL	otify medical exam	HOUR A.M. Month D	loy Yeor					
TO CHU, HYJUK	OCCURRED 21	e. PLACE OF INJURY (AT HOME, FAR	M. STREET, FACTORY.) 21f. L	OCATION Street or R.F.D.	No. City	or Town	County	Stote
at work	at want							
22o. ce	rtify that (I) (t	this haspital) attended the	deceased_fram_	June 27, 19	€¥ , ta	une 28, 19	G8_, that	(I) (we) lo
saw	the deceased	alive an 6 - 2 8	19 6 % , or	of that in (my) (aur) a	pinion death	accurred on the d	ate and haur	and from th
		ve, (I) (we) (did) (did not)	ew the body offer	death.				
22b. SIGNAT	URE /	20 kg	0.	ATTENDING PO	MED.	STAFF \	DATE SIGNED	8,1968
20.1 0111101	14th	and 6 May	ucter, DEG		DIRECTOR \square	PHYS.	wall 2	11100
22d. PHYSIC NAME		Richard C.	D7 -1	22e. ADDRESS				
			Reynolds	Frederi				
30. BURIAL, CRE REMOVAL (S			NAME OF CEMETERY OF			ON (City or Town)	(County)	(Stote)
purla.		7/1/68 I	utheran	Cemetery	Midd		Fred.	Md.
4. FUNERAL DIR			ADDRESS .	296. REC'L	BY REGISTRAR	2Sb. REGISTRAR		
Glad	hill Co	mpany, Middl	etown, M	d. mill.	- 2 196	B golian	Cay young	HE.

VR A15 (4) 30M REV. 1/68

TO FUNERAL DIRECTOR: After this certificate has been signed by the differdinglohysician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon pagers—giges, and 2 (Sabuld be filed with the State Dept. of Health prior to burial, cremation, ar removal, and in any event, within 19 hours. The death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital ar attending physician.



ile pages Land 2 with the State Department of 72 hours ofter death. 64 Health prior to burial, cremation, or removal, and in ony event within

necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. TO DEPUTY

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

18438

MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH

1. DECEASED-N		Firs	it .		Middle		Last			2a. DATE KNOWN	Manth.	Day Year	2b. HQUR
(Type or P	TINT)	Em	ma	01:	ivia		Bishop			OF ESTI-	Jun	e 12 168	5P#
3. SEX	1	I. RACE	5. D	ATE OF BIRTH	6. A	GE (In years	IF UNDER 1 YEAR	IF UNDER		2c. DATE PRONOUNCED			2d. HOUR
Femal	le l	White	Ma	ar. 17,1	875 "	93 YRS	MONTHS DAYS	HOURS	MIN.	Manth	Day	Yeor 19	M
7- DIDTUDIA	CT /State			EN OF WHAT COUNT		-	RRIED NEVER	ARRIED	9. COU	NTY OF DEATH			
country)				USA	,		_	VORCED		Frederi	ole		Md.
10. CITY OR TO	OWN OF	DEATH			HOSPITAL OR		N (If not in hospit	the said	ISUAL OC	CUPATION (Kind of wo		12b. KIND OF BUSI	
Fre	eder	1ck		give street add	erick	Mem	. Hosp.	during	mast of	warking life, eyen if ousewife		(NDUSTRY	
13a. USUAL R	RESIDENCE	(Where deced	sed lived	, if institution: Res	sidence befo	re 13c. CITY	OR TOWN	13d. INSIDE CITY		13e. STREET AND NUM	BER		
admissian)	SIAIL	arylan	d M	COUNTY ontgomer	y	Mt	. Airy	YES N	NO 🚾	RFD #	3		
14. FATHER'S N	NAME	First		Middle	Las	t	IS. MOTHER'S N	AIDEN NAME	First	Mic	idle	Lost	
		Andre	W	P	almer				E	ve	V	Valtman	
		IN U.S. ARMED			IAL SECURITY	NO.	17. INFORMANT			ADDRES			
(Yes, na, ar	ynknawn No	(If yes giv	e war or date	20-	46-63	46	Mrs P	rudeno	e B	. Brown . :	R#3.	Mt. Aar	v.Md.
IB. CA	USE OF I	EATH (Enter o	nly gne c	ouse per line for a), (b), and (c	1.) 6 5	,		-	7		APPROXIMATE BETWEEN ONSET	INTERVAL
P/	ART I. DE	ATH WAS CAUS!	D BY:	10	onge	ster	e Gea	JO	Jan	lune		BEIWEEN ONSET	ARD OEATH
4	12	9		UE TO, OR AS-A CO		OF -				^	•		
		y, which gave)	110	As	1 1	colora	tre	re	end all	2000	d	
		te couse (a),	} D	UE TO, OR AS A CO	NSEQUENCE	OF			0	004 400			
lost.	J J 2	erlying cause)										
DEDT 2	CATHED CH	CHIEFCANT CON	DITHONE (ONTRIBUTING TO D	CATH DILT NO	AT DELATED	TO THE TERMINAL	DISCASE OD 4	CONDITIO	N GIVEN IN PART I(a)			
PARI	OTHER SH	A LINE	LI S	tenu	_	A A C		A 1	3	reamoil	Cole		
2 19a DA1	TE OF OP	EDATION	- 10		NOITION FOR	4-		are a second	0000	The same		20. AUTOPSY	2
A IFIC	Jun	e 11, 19	68	WA	S PERFORME	Dute	utrocha	mteria	gro	reture Is	inu	- YES DA	
2lo. EXT	ERNAL CA			b. TIME OF INJURY M HOUR ANN.			ZIC. HOW INJURY	OCCURRED (En		re of injury in Part 1 a	r Part 2, Ite	ım 1B.)	
CAUSE	OF DEATH	CONTRIBUTING	0 6	YOPM. G	-819	68	tel	Lat	W	me			
	URY OCCL		PLACE OF	NJURY (At hame,	farm, street,		21f. LOCATION Stre	et or R.F.D. Na		City or Town	Monte	zómerv	State
AT WOR	K AT	WHILE WORK	acrary, or	ice building, etc.)			K40 A	1), ca	No.	aring -	*XLA	4444-	mg.
2	22a. c	ertify that I		orge of the remo	oins descri	bed obov	e, held on Au	topsy 🔀	Ins	pection , Inc	auiry	ond in m	v opinion
		ulted from:		urg_couses			Suicide ,	Homicid		Undetermined	, promote		, -, -, -, -, -, -, -, -, -, -, -, -, -,
	1	10	_	07	•			HIEF MEDICAL				Lamad	
ACTUA SIGNA		Thei	X_	VI LLO	was		M.D. A	SSISTANT MED	IEAL EXA	MINER	22b. DATE S	SIGNED	WILC
EXAMI		**		V			D	EPUTY MEDICA	AL EXAMI	NER 12	Ju	me 12,	700
NAME	(Type)			t J. Tho				DDRESS(Street	Fig. 6	derwok, M	d.U		
23a, BURIAL,	CREMATI		DATE				OR CREMATORY		23d.	LOCATION (City or Tay	*		tate)
	AL (Specifical)		ne :	15,1968			Olivet			Hano	,	Pa.	
24. FUNERAL				add D.		RESS		2Sa. REC'I			GISTRAR'S S		
OI:	In 1	. POLE	5 WO.	rth, Dam	ascus	, Pid		DATE	UN.	1 7 1968	Villa	may Our	Later

88130 All offices I compared to the second section of the secti and the state of t AND THE RESERVE OF THE PROPERTY OF THE PROPERT and the same of th . II , section as a second of the second of . To any one to the least of the same of the same cache to Bad Claud of the things of the second of the second

ADDRESS

Hagerstown, Md.

DATE JUN

MARYLAND STATE DEPARTMENT OF HEALTH

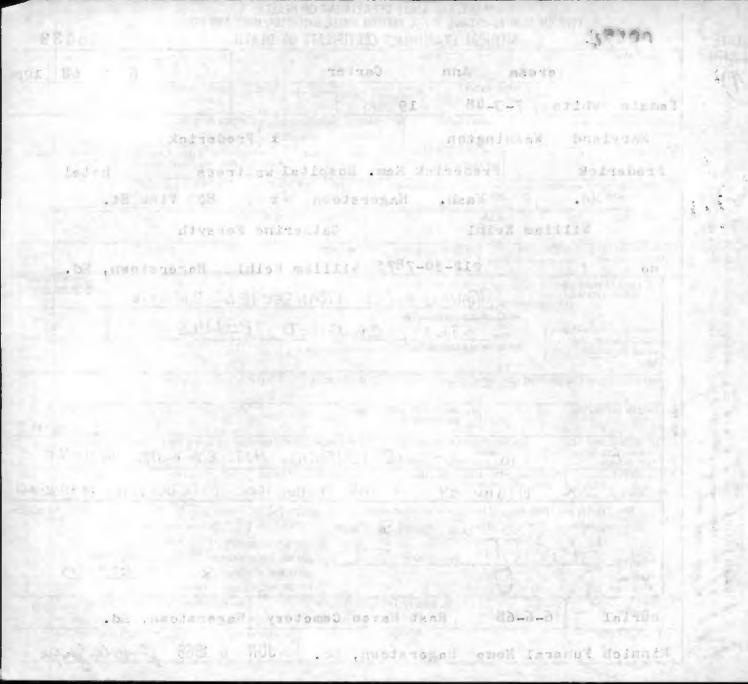
Month Day Yeor 2b. HOUR 68 6 10 pm 2c. DATE PRONOUNCED DEAD 2d. HOUR Day Year 12b. KIND OF BUSINESS OR hotel 13e STREET AND NUMBER 803 View St. **ADDRESS** Hagerstown. Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH BRAIN 20. AUTOPSY? YES NO MOTTIR County Stote KEDERICK-Inquiry [and in my apinian Undetermined manner 22b. DATE SIGNED (County) (State) Hagerstown, Md. 2Sa. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 1968 Milane

08439

VR A15ME (5)

24. FUNERAL DIRECTOR

Minnich Funeral Home



deoth.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24

Page 4 may be retained by the hospital or attending physician.

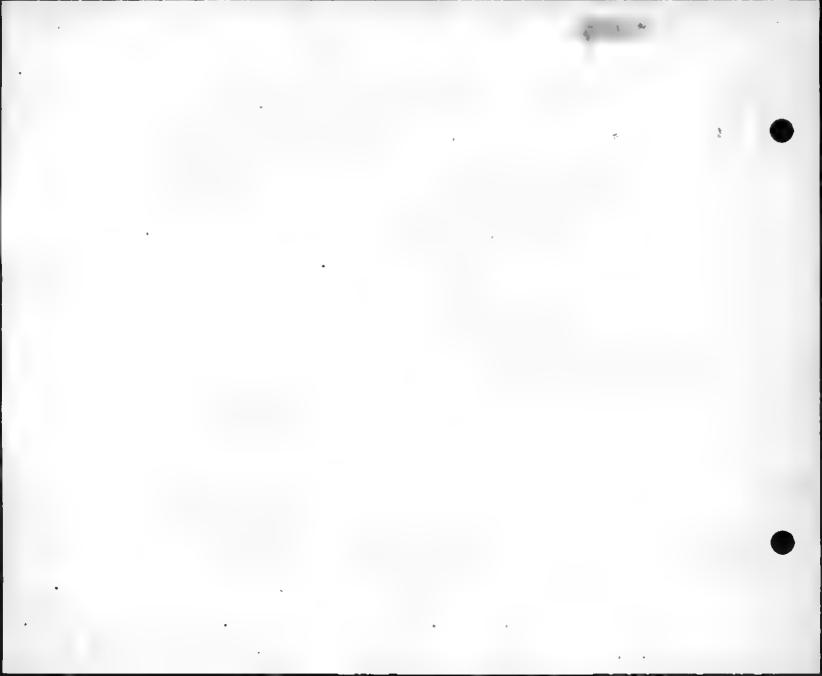
rours after death.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

			_									
	ECEASED-NAME First		Middle		Last		2a. DATE O		_			HOUR
(Type or print) BL-21CHE	G	LLIZA SETH		CRALLR		(June 1	199	1 968	3	P . M
3. SI	X	4. RACE			S. DATE OF E	BIRTH		6. AGE (In years lest birthday)			IF UNDER	
	Female	,	hite		Septen	iber 7,	1996	lest birthday)		NTHS DAYS	HOURS	MIN,
7a. l	BIRTHPLACE (State or foreign	7b. CITIZEN OF WH	AT COUNTRY?	8. MARI	RIED NEVER MA	RRIEDI	9. COUNTY O	F DEATH				
cour	"aryland	U.S.	. A.			RCED	Free	lerick				Md
0. (CITY OR TOWN OF DEATH	give s	ME OF HOSPITAL OR INST				L OCCUPATIO	(Kind of work don Jife, even if retired		125 KIND OF E	BUSINESS	OR
. 0	Frederick	Llo	ntevue ini	irna					'			
13a. adm	LSUAL RESIDENCE (Where decease issupn) STATE and	13pT Comits	on: Residence before rick	13c at		13d. INSIDE CITY LIN		ireet and number ate 5				
14. 1	FATHER S NAME First	Middle	Last		15 MOTHER'S N	AAIDEN NAME FI	rst	Middle			Last	
	George	W.	Cramer			Marga	aret	E.		Zimmer	man	
16a. Y	. WAS DECEASED EVER IN U.S. ARME	D FORCES?	166. SOCIAL SECURITY N 220 48 50		17. INFORMANT	Dramer.	B add	Address ock Heigh	ts,I	aryla	ınd	
_					000	, ,	79			APPROXIN	MATE INTER	
	18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	BY-	7	-11	town her	2/-		9-		BETWEEN ON	ISET AND I	DEATH
	IMMEDIAT	E CAUSE (a)	bimary	w	ume o-	10	un	(,		Sm	mu	1100
	Conditions, if any, which gove	DUE TO, OR A	S A CONSEQUENCE OF		Che A	0 1	0			mla	11h	
	rise to immediate cause (a), ((b)(William -	70	wu che	CLV	(1)			100	02	0.
	stating the underlying cause	DUE TO, OR A	S A CONSEQUENCE OF									
	last,	(c)								<u> </u>		
	PART 2 OTHER SIGNIFICANT CONT	altions contribut	ING TO DEATH BUT NO	OF RELAT	ED TO THE TERMIN.							
NO	7- 13	exaleri	4 unre	20	wea		uma					
CERTIFICATI	19a, DATE OF OPERATION 19b. (ONDIT ON FOR WH	CH OPERATION WAS PER	FORMED	//	7		F YES, WERE FINDING S OF DEATH?	is cons	IDERED IN CE	RTIFYING	G
RTIF					YES] мо 🔀						
	21a ACC DENT WAS UNDERLYING		Month Day Year	21	c. HOW INJURY OF	CURRED (Enter	nature of inj	iry in Part 1 or Part	2 Item	18)		
MEDICAL	filf either, natify medical examina	er) P.M.	19									
M	21d INJURY OCCURRED 21e f While Not while at work at work	PLACE OF INJURY	AT HOME FARM, STREET, FACE OFFICE BUILDING, ETC.	ORY.) 2	If LOCATION Stre	et or R.F.D No	Cit	y ar Town	(County	5	itate
	22a certify that (I) (this	haspital) atte	ended the decease	d from	1	, 19	, ta		19	, that	(I) (w	e) last
	saw the deceased ali	ve on	10	9	ond that in (n	ny) (our) opii	nion death	occurred on the	dote	ond hour c	and fro	m the
	causes stated abave,	(I) (we) (did) ((did nat) view the b	ody at	ter death.							
	22b. SIGNATURE Sormard A	1-H110	nost		DEGREE PHYS	ING M	ED RECTOR			E SIGNED 1	1968	
	22d PHYS CIAN S NAME (Type) Sey no	rd 0.7	homas.	Tr.	22e AD 22	ORESS 8 N. II.	rket S	treet,Fre	der	ick,Mo	1.	
23a	BURIAL, CREMATION, 23b. D.	ATE	23c NAME OF C	EMETER	OR CREMATORY		23d. LOCAT	ON (City or Town)	(County)	(Stote)
	Burial Jun	e 22,196	8 At. Zio	n C	emetery		Nr. F	cagaville	Fr	ederic	ek d	id.
-	FUNERAL DIRECTOR	nall		Fres	reley	2So. REC'D BY	REGISTRAR	2Sp REGISTRA			AR.	
	M. R. Ltchison	& Son.	Frederick.	Ma	ryland	DATE	24 18	168 July	-10	Jan 1		

TO FUNERAL DIRECTOR: After this certificate has being ingred by the allending pillysicion and completely filled interference, page 3 shauld be detached for use as the burial-transit permit. Then please remove corbon papers, should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72th OM REV AS



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours offer dear

Page 4 may be retained by the haspital ar attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CEPTIFICATE OF DEATH

38441

- 1	CERTIFICATE OF DEATH
	DECEASED-NAME Frst Middle Last (2a. DATE OF DEATH , 2b HOUR
	(Type or print) 1; 27 OSC 37 ("Ya 77 87 Month / Boy / Year & 903 M
3. 3	SEX 14 RACE / 15 DATE OF BIRTH 6. ACE (In/years 1/16 UNDER 1/16AR 1/16 UNDER 24 HRS.
	Last buthout the property of t
2	
	BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
	MARYLAND USA WIDOWED DIVORCED FREDERICK Md.
10.	CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR
	FREDERICK give street address) MONTEVIEW during most of working life, even if retured.) INDUSTRY FARM
13c	D. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 113c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER
	TISTON STATE AND ALL IN COUNTY
-	MINITEDED TENTOUS DONE TO WORKE
14	FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost
	WILLIAM CRAMER ELIZABETH SPAHR
16	o. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address WARKET ST.
	Yes, no, or unknown) (If yes give war or dates of service) 219-01-0206 ALSTIN CRAMER FREDERICK MD
	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))
	PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (a) CENTRAL VALCINES WELLES
	436 9 DUE TO, OR AS A CONSEQUENCE OF ?
	Conditions, if any, which gave (a), (b) Unescleration vascular arrease 5 years:
	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF
ı	lost. (c)
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
	3 2 1 2
CERTIFICATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
2	THE DATE OF DEATH OF THE OFFICE OF THE CHARLES THE CHA
RTIE	YES NO DE CHOSES OF DEATHER
	The first waste departed from the first with the first with the first waste departed from the fi
MEDICAL	(or contributing cause of Death HOUR A.M. Month Doy Yeor 19 P.M. 19
ME	
	While Not while OFFICE BUILDING, FTC
	22a I certify that (I) (this haspital) attended the deceased from March, 19 (a), to feel 21, 19 (a), that (I) (we) last
	22a I certify that (I) (this haspital) attended the deceased from 19 (aur) apinion death accurred on the date and hour and from the
ŀ	couses stated above, (1) (we) (did) (did nat) view the body after death.
	22c. DATE SIGNALME
	DEGREE PHYS DIRECTOR
	22d PHYSICIANS 22e. ADDRESS
Н	NAME (Type) LEROY T DAVIS FREDERICS MO
	112001101
230	G BURIAL (REMATON), 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote)
	DURISHED I JULY 1968 MT HOPE WOODS BORD FREDERICK MD
24	
1	welly tarlefur Woods have Md DAHII - 2 1968 Charles Judge
	VAN TO THE TOTAL PROPERTY OF THE PROPERTY OF T



•

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detoched for use as the burial-transit permit. Then pleose remove corban papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hadis

Page 4 may be retained by the hospital or attending pillysician.

VR A15 (4).

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

00442

CERTIFICATE OF DEATH

-[CEASED-NAME	First	' Middle	0	Lost	20. D.	ATE OF DEATH			2b HOUR
-1	Į1	ype ar print)	en	L.	(re	ager	1,3	Mont	no Doy	10 19965	1430M
1	3. SE	Х .	4 RACE	1		S. DATE OF BIRTH		AGE (I	n years	IF UNDER 1 YEAR	IF JNDER 24 HRS.
		11.1.		White		-17-1907		loss birl	hday) YRS M	ONTHS DAYS	HDURS MIN
H	7- 0	IVICE E	75 (171758)	OF WHAT COUNTRY?			0.0018	ITY OF DEATH	TK2		
-1	/D. 0	IRTHPLACE (State or foreig				NEVER MARRIED	9. COUN		Freder	4 .1-	
4		maryland		U. S. A.	WIDOWED	DIVORCED					Md.
-		ITY OR TOWN OF DEATH		11. NAME OF HOSPITAL OR	•	t in hospital 12o U	ISUAL OCCUP	PATION (Kind of	work done	12b KIND OF B	USINESS OR
	,	Phurmont, k	ld.	give street address) Wn	Home	buring	FI o	orking life, even	it retired)	INDUSTRY F1	orist
		USJAL RESIDENCE (Where			e 13c CITY OR	TOWN 13d. INSIDE CT		13e STREET AND	NUMBER		
	admı	ssion) STATE Mary	land 13b. COU	MY Frederi	ck Thu	rmont YES TK	NO 🖂				
	14. F	ATHERS NAME First		idle Last	115	MOTHER'S MAIDEN NAME	F First		Middle		Lost
	, ., .	Robert			eager	Georgia				nown)	
	1/-			16b. SOCIAL SECURIT		FORMANT		· .		HOW LIV	
	LOD Y	was deceased ever in U. es, no or unknown) (If y	 AK MED FUKLES! as give wor or dotes of serv 	lan					Address	11.	
		No		<u>" 213-10-9</u>	7395	luth E.	Grea	ger, Th	urmont		ATE INTERVAL
				per line for (a), (b), and,	(4).)	0					SET AND DEATH
		PART I. DEATH WAS	CAUSED BY. AMEDIATE CAUSE (0)	mult	inte	malo	ma	_		10	1/
		,	, ,	, OR AS A CONSEQUENCE (1					7
		Canditians, if any, which		, or is a consequence	9	U				. 4	
		rise to immediate cause	(0),	OR AS A CONSCOURNCE	νς						
		stating the underlying o	ouse Due 10	, OR AS A CONSEQUENCE (Jr.						
			, (c)							······································
		PART 2 OTHER SIGNIFICAL	AT CONDITIONS TON	ITRIBUTING TO DEATH BUT	NOT KELATED TO	THE FERMINAL DISEASE C	UR CONDITIO	N GIVEN IN PAKI	1(0)		
	× N	メレ3 X									
	CENTIFICATION	190. DATE OF OPERATION	19b. CONDITION FO	OR WHICH OPERATION WAS	PERFORMED	20o. AUTOPSY?		20b. IF YES, WERI		ISIDERED IN CER	RTIFYING
ž,	IFF					YES NO		LAUSES OF DEATH	15		
		21a. ACCIDENT WAS UND		IME OF INJURY		W INJURY OCCURRED (E	nter noture	of injury in Port	or Port 2, Ite	m 18.)	· ·
	MEDICAL	OR CONTRIBUTING CAUSE		A.M. Manth Day Ye							
	MED	(If either, notify medical 21d. INJURY OCCURRED			FACTORY 3 216 100	ATION Street or PED	No	City or Town		County	Stote
		While Not while	216. TEACE OF III.	JURY (AT HOME, FARM, STREET, DEFICE BUILDING, ETC) 111 200	MITOR SHOOL OF KILD	110.	ciij or somi		accing.	21015
		at work of work				1	. 60		10.7	0 11 .	415-7
		22o. I certify that [[] (this hospitol) oftended the deced	osed from	VUITE , 19	9 <u> </u>	10 2 0 0	<u>une, 19 e</u>	_ , that ا	(!) (we) last
		saw the deceas	sed alive an	(did) (did nat) view th	_ 17 <u>to a</u> , and	mar in (<u>mv)</u> (our) (apinion a	earn occurrea	an the dati	ana navra	na tram the
		22b. SIGNATURE	bove, III (we)	(did) (did fidi) view iii	e bady affer a	Çuii.			22c Di	ATE SIGNED	
		220. 310HATUKE	. 1	1010	co DEGRE	ATTENDING TO	MED.	STAFF PHYS.		June	0 1960
,		and Divisionalis of	was a	· Chus	DEGRE	22e. ADDRESS	DIRECTOR	PHTS.	<u> </u>	June	-1/50
		22d. PHYSICIAN'S NAME (Type)	onvia	11 Cha	00 8	ZZE. AUUKESS	4/21	150 7	40-60	r/-	Mad
		//c	-111.01	VICIA	7 2 0	04 / 0//	1100		rede		, / 14
	23a.	BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	1	OF CEMETERY OR (1	LOCATION (City or	,	(County)	(State)
		Burial	June 2			Cemetery		urmont		derick	Md.
1	24.	FUNERAL DIRECTOR		Raymond	E Cros	2So. REC	D BY REGIST		REGISTRAR S S	IGNATURE	dat
	17	Eymon	5 6180	TI-11-	~. OIC	DATE J	UN 2	4 1968	free		0



4,5

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CEDTICICATE OF DEATH

the funeral affer death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by director, page 3 shauld be detached far use as the burial-transit permit. Then plea≡e remaye carban papers. Shauld be filed with the State Dept. af Health prior to burial, crematian, ar remayal, and in any event, within 72 hour

30M REV

1	0 4 11 -			EKIIII	AIL OF DEATE	1				13		
1, (DECEASED NAME First (Type or print) Askton H	Crist	Middle		Last	2a. DATE 0 6/2/	F DEATH 168 Month	Doy	Y	or roe	2b. H	OUR
3. 5	ilale	4. RACE	White		S. DATE OF BIRTH 1/19/1900		6 AGE (In years		IF UNDER I		IF JNDER 2 HOURS	MIN
EOL	BIRTHPLACE (State or foreign unitry)	76. CITIZEN OF W	A.	WIDOWED		9 COUNTY O Freder						Me
7	CITY OR TOWN OF DEATH	g _i vè.	iame of Hospital or Ins -street gddress) recentch (Ne				N (Kind of work d g life, even if retire			IND OF BI)R
맹	USUAL RESIDENCE (Where deceded	sed lived, if institution 13b. COUNTY	tion: Residence before	13c CITY OF	TOWN 13d, INSIDE CIT	7.37	TREET AND NUMBER	R				
	FATHER'S NAME First Adolphus Crist	Middle	Lost			First	Midd	le			Lost	
	yes, ng, or unknown) (Pryes give to	MED FORCES? wer or dates at service)	16b. SOCIAL SECURITY N	17	Mrs Cathe	rine Big	es, Fr	iss vien		APPROX.MA		
CERTIFICATION	Conditions, if any, which gave rise to immediate cause (a), stoting the underlying couse lost.	DUE TO, OR (c) (c) NOITIONS CONTRIBLE	AS A CONSEQUENCE OF AS A CONSEQUENCE OF UTING TO DEATH BUT NO HICH OPERATION WAS PER	mep	29a. AUTOPSY?	20b. 1	IF YES, WERE FINDIN	NGS (O		D IN CER	TIFYING	T-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
MEDICAL CERTIF	or contributing Cause of DEA	HOUR A.M. P.M. PLACE OF INJURY	Manth Day Year 19 AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC	10RY.) 21f. LO	VES NO DW INJURY OCCURRED (E) DCATION Street ar R.F.D.	nter nature af inju	y or Town	rt 2, lt	em 18.) County		Sto	
	saw the deceased c causes stated above	live on	2	9 <u> </u>	d ^e that in (mý) (o ur) c	ppinian death	STAFF PHYS.	e dat	e and	haur ai	nd fran	n the
		BERT		our H		To//	House 1	401	y F	700	le: in	K
	REMOVAL (Specify)	DATE/6/6	8 23c NAME OF C	anx	all lem	- 1/2	DN (City or Toyen)	U	(Caunt	12	(State)	,
24	PUNERAL DIRECTOR	uan +	Sen 57	31	1/-	BY REGISTRAR JUN 7	1968 REGISTI		SIGNATU		tor-but	¢

. 1

M) 0868

death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.

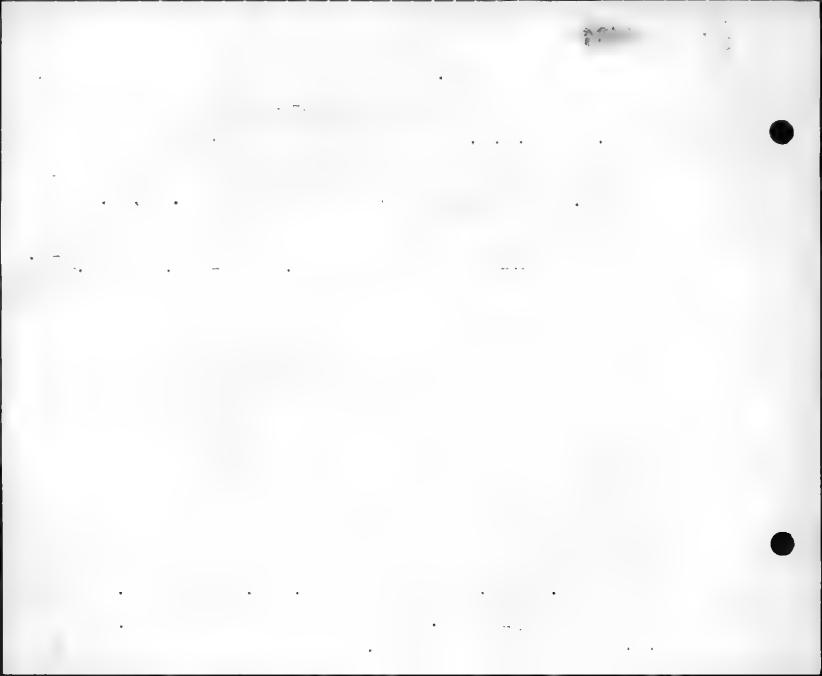
30M REV 1,68

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages I should be filed with the State Dept of Health prior to burial, cremation, arremoval, and in any event, within 72 hours after

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

J8444

	6059	7		(ERTIF	ICATE OF	DEATH				002	77 12
	ECEASED-NAME	First		Middle		Last		2a. DA	TE OF DEATH		M	2b. HOURD
'	Type or print)	Mar	T	D.		Crum		J	une Month	9 Day	L968 ^{Year}	8:10 M
3. 5	EX		4. RACE			S. DATE OF			6. AGE (In	years	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS.
L	Female	?	W	hite		June	7- 1874		lost, birthe	YRS.	MONTHS DAYS	HOURS AWN,
	BIRTHPLACE (State of	r fareign 7	b. CITIZEN OF W	HAT COUNTRY?	8. MARRI	ED 🔲 NEVER M	ARRIED	9. COUNT	TY OF DEATH			
cou	miry) Md.		U. S		WIDOW	ED 🔀 DIV	ORCED 🗍	F	rederick	c		Md.
10.	CITY OR TOWN OF DI Freder		11 N give	IAME OF HOSPITAL OR INS street oddress) Frederick I	norum) Yursi	If not in hospital ing Cent	12a USUA during mg	st of wa	ATION (Kind of wi rking life, even if laker	ork done retired.)	12b. KIND OF INDUSTRY	BUSINESS OR
			lived, if institu	tion. Residence befare	13c, CITY	OR TOWN	136. INSIDE CITY LIV		3e STREET AND N		_	-
udit	nission) STATE I.	Id•	13b. COUNTY	Frederick	Fred	lerick	YES X NO		267 W. 5	th. S	st.	
14	FATHER'S NAME	First	Middle	Last		1S MOTHER S	MAIDEN NAME FI	ırst		Middle		Last
		Amos		Lease	3		M	ary			Hou	
160	WAS DECEASED EVE	R IN U.S. ARMET		16b. SOCIAL SECURITY N		7. INFORMANT				Address Fi	rederic	k-Md.
L	Yes, no ar unknawn)	()		215-18-13	L20	Russell	L. Mic	<u>hael</u>	-107 E.	Churc	ch St	
	18 CAUSE OF DE	ATH (Enter anly	one cause per l	ine far (a) (b), and (c))	1					APPROXII BETWEEN O	MATE INTERVAL MISET AND DEATH
	PART I. DEATH	WAS CAUSED E	BY: CAUSE (a)	Moron	all	appne	unia	u	a		20	
		7	DUE TO, OR	AS A CONSEQUENCE OF		11 1	_		71 1			,
	Canditians, if any, nse to immediate		(b)	Corplus	11	Dellas	ua F	De	rikile		ye	cur
	stating the under		DUE TO, OR	AS A CONSEQUENCE OF			((-	(
	last.	}	(c)									
	PART 2 OTHER SIG	INIFICANT CONDI	TIONS CONTRIB	UTING TO DEATH BUT NO	OT RELATER	D TO THE TERMI	IAL DISEASE ORC	ONDITION	GIVEN IN PART 1	(0)		
8												
CERTIFICATION	19a. DATE OF OPERA	ITION 196. CO	NDITION FOR WI	HICH OPERATION WAS PE	RFORMED	20a. AU		10	206. IF YES, WERE " CAUSES OF DEATH?		ONSIDERED IN C	ERTIFYING
RTIF					1	YES [
	21d ACCIDENT WA					HOW INJURY O	CCURRED (Enter	noture a	if injury in Part 1	or Port 2, I	tem 18.)	
MEDICAL	(If either, natify m	edical examine) P.M.	19								
×	21d. INJURY OCCU While Nat whi at work at war	k"LJ		(AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.			reet or R.F.D. No		(ity ar Tawn		Caunty	State
	22a. I certify	that (I) (this	haspital) att	tended the decease	d trour	7/	196	S_, to	0/9	, 19_	<u>68</u> , that	(I) (we) last
1.	saw the c	leceased aliv	re an (I) (we) (did)	(did nat) view the	Y <u>.W.Q.,</u> hadv aft	and that in (er death	my) (aur) apii	nian de	ath accurred a	in the da	te and haur	and fram the
	22b\SIGNATURE	,	7 2	((alo noi) viete mo	baa, an					22c. [DATE SIGNED	
	Salar	10211	5. 1/19	masi	D	EGREE PHYS	DING 🔀 M	IED. IRECTOR	STAFF [Jur	ne 10-19	968
	22d. PHYSICIAN S	2 V J 11 -	- Joseph	1 port		22e. A			11110			
	NAME (Type)	Dr.	James B	- Thomas		Pro	of Bldg	•- F	rederick	c- Md	21701	
230	BURAL, CREMAT OF	l, 23b DA	TE	23c NAME OF	CEMETERY	OR CREMATORY		23d. LC	OCATION (City or T	awr)	(County)	(State)
	REMOVAL (Specify)	June	12-19	68 Mt. OL	lvet	Cemeter	у	F	rederick	- Md	21701	
24.	EUNERAL DIRECTOR	hitelu	200 7	ADDRESS' Frederick	Mul	merc	2So REC D B			EGISTPAR S	SIGNATURE	Let.
	Me Ite E60	THOUSE O	r DOII	Frederich	∆—MC •	CTIOT	DATE JUN	111	196B	The same of the sa	מיון סיטיו	0



2b HOUR a

7		CPRU,	DIAIZION OF ALLYE KECOL		ATE OF DEATH		LAND 21201	*	¥5
funeral Tand 2 er death.	1. DE (T	CEASED-NAME First ype or print) TII	Middle liam Edward	Crummit	Lost	June	ATH Month 28 Doy	1968 ^{eor}	26 HOUR a
Se de la Et	3. SE	x Ifale	4. RACE		S. DATE OF BIRTH April 9- 1	877	AGE (In years last birthdoy) 9 YRS.	FUNDER I YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS M.N
of Health priar to burial, cremation, or removal, and in any event, within 72 hours	7o. E		7b. CITIZEN OF WHAT COUNTRY? U. S. A.	8. MARRIED [WIDOWED 5	NEVER MARRIED DIVORCED DIVORCED	9. COUNTY OF DE Freder			Md.
		TY OR TOWN OF DEATH Braddock Heigl		Rest Home	during R	SUAL OCCUPATION (K most of working if etired Ire	ind of work done e even if retired) ICKMAN	12b. KIND OF B INDUSTRY Rail	road road
l evelli,	odmi	ssion) STATE	ed lived, of institution: Residence by 13b. COUNTY Frederic	k Middle	etown YES	NO ⊠K	Route 2		
1		ATHERS NAME First James	Edward Crw	mitt	MOTHER S MAIDEN NAM	Alice	Middle	Eswoi	
	160. Y	WAS DECEASED EVER IN U.S. ARM es_no, or unknown) (If yes give wi	SED FORCES? ar or dates of service) 16b. SOCIAL SECT 101111		FORMANT Beords-Vind	obona Rest	Address Home—Br		ISTS.
		PART 1 DEATH WAS CAUSED	y one couse per line for (o), (b), or BY: IE CAUSE (o)		stie Hea	of disease	u	BETWEEN ON	SET AND DEATH
		Conditions, if ony, which gove) rise to immediate couse (a),	DUE TO, OR AS A CONSTQUENCE	eralice	& arter	o Sclero	in '		
		stating the underlying couse	DUE TO, OR AS A GONSEQUEN	Neabl	etes _			104	-15
	NO	4 \	DITIONS CONTRIBUTING TO DEATH						
>	CERTIFICATION		CONDITION FOR WHICH OPERATION V			CAUSES O			RTIFYING
	MEDICAL CI	210 ACCIDENT WAS UNDERLYIN ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medicol exornir	H HOUR A.M. Month Doy P.M.	Yeor 19	W INJURY OCCURRED (E				
	×	at work ot work	PLACE OF INJURY (AT HOME, FARM, STI DEFICE BUILDING, E			4		County	Stote
		sow the deceosed of couses stoted obove	is haspital ottended the de live on 6 2 3 , (1) (we) (did) (did not) view	ceosed from 19 && _, and the bady ofter d	that in (my) (our)	opinion death acc	curred on the do	6X , that te and hour d	nd from the
		22b SIGNATURE	mer Harp	DEGRI	ATTENDING -	MED DIRECTOR		DATE SIGNED	8
2			J. Elmer Harp		22e ADDRESS	iddlet	ocurs :	Mf 217	
		BJRIAL, CREMATION, REMOVAL (Specify) JU	ly 1-1968 Lit.	Olivet Ce	metery		ick, Md.		(Stote)
68	24	FUNERAL DIRECTOR ELLO 11. h. Ltchison &	Son Trede	oress Thirring rick, Md.	21 701 DATE J	D BY REGISTRAR JL - 1 196	3 galan	rley Jus	ye.

ĐĒ.

ŧ

٠,

4

.

1

MARYLAND STATE DEPARTMENT OF HEALTH

. . (. - /4

Page 1 and 2

after death

Kin any event, within 72 on and completely filled ase remare carban paper

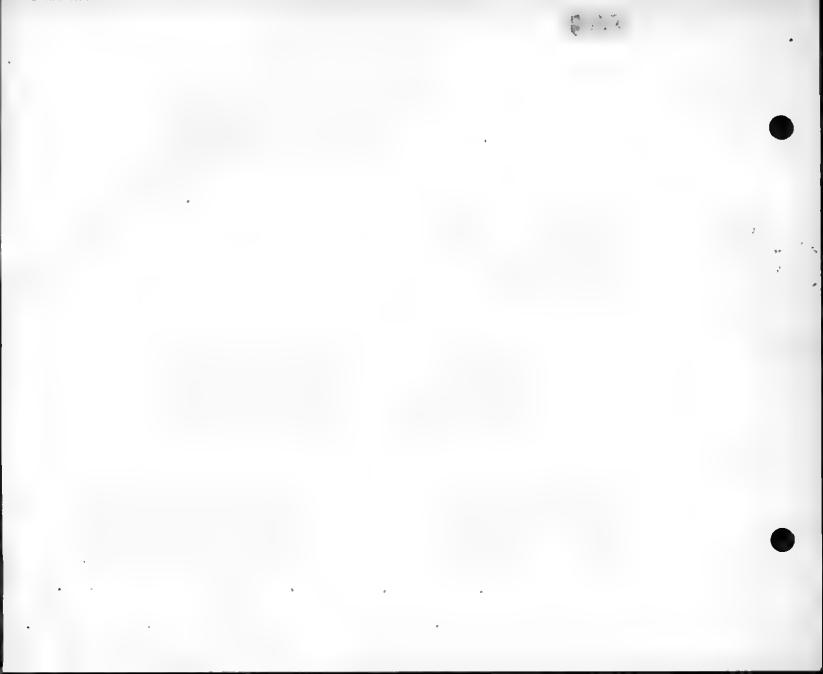
TO HOSPITAL OR ATTENDING PHYSICIAN: The aw requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physical director, page 3 shauld be detached far use as the burial-transst mermit. Then plet shauld be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and

JOM REV

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

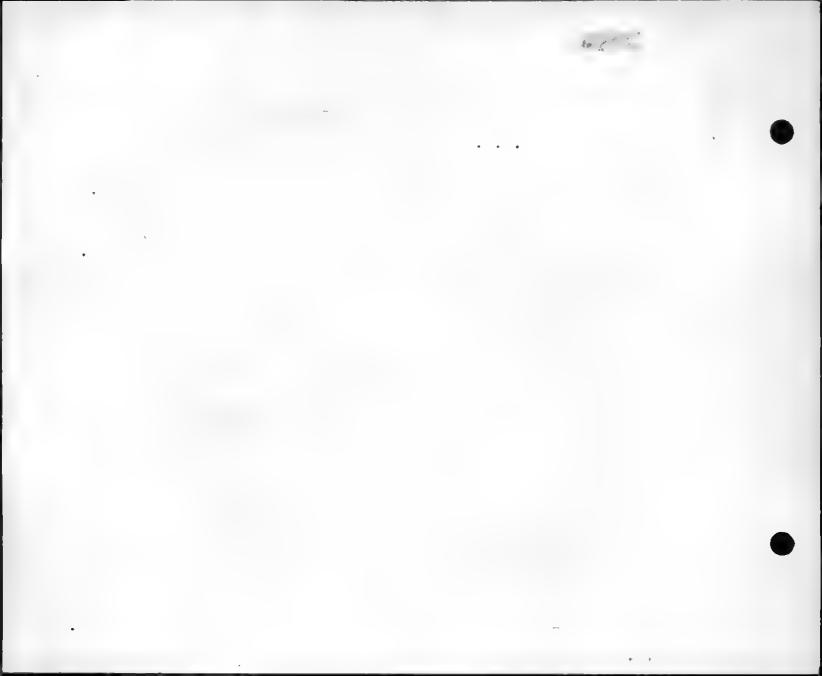
					(.EKIIF	ICAIE UI	DEATH			,	0034	6
ı		CEASED-NAME	First		Middle		Last		2o DATE	OF DEATH			25. HOUR
- 1	(1)	ype or print)	Minnie		Mae		Dorwar	t		June	23	19 68	3;30°N
Ì	3. SE	X		4. RACE			S. DATE OF	BIRTH		6. AGE (in	eors		IF UNOER 24 HRS.
		Tenale		Y.	hite		april	1, 188	9	last birthd	YRS. M	ONTHS DAYS	HOURS MIN.
		BIRTHPLACE (Stote	or foreign	7b. CITIZEN OF W	HAT COUNTRY?	B. MARRIE	D NEVER M			OF DEATH			
	coun	itry)		U.S.	Α.	WIDOW		ORCED	Fred	erick			Me
	10. C	ITY OR TOWN OF	DEATH	11 /	IAME OF HOSPITAL OR INS	TITUTION (f not in hospital		AL OCCUPAT	TON (Kind of wo		12b KIND OF B	
,		rederic			ontevue In					ung life, even if i		MIDOSIKI	
^	13a odmi	SUAL RESIDENCE SSION) STATE	E (Where decease	id lived, if institu 136 COUNTY 11 COUNTY	ion Residence before		or town lerick	AEZ 🗗 NO		2 E. Thi		reet	
/		ATHER'S NAME	First	Middle	Lost		1s. MOTHER'S	MAIDEN NAME F	First		Middle		Lost
		And	rew		Bowers			Loui	se.			Hoffman	n
1			EVER IN U.S. ARM		16b. SOCIAL SECURITY I		7 INFORMANT			A	ddress		
	T	es, no, or unknow	(U) I (III kez disa m	or or dates of service)	214 54 00	67 1	lecords	at Hos	pital				
		18. CAUSE OF	DEATH (Enter onl	y ane cause per l	ine for (a), (b), and (c).)		1				APPROXIMA BETWEEN ON	ATE INTERVAL SET AND DEATH
	- 1	PART I. DE	ATH WAS CAUSED	BY: TE CAUSE (a)	CASTRU	ie (urls	1				1 11	100-
	_1	412	9		AS A CONSEQUENCE OF		1	1	0 1	· x			
			ny, which gave)	(6)	1456001	1 -	SCHOL	Plic	CV	D		109	Paro
		rise to immedi stating the un	ote couse (o),	DUE TO, OR	AS A CONSEQUENCE OF		<u> </u>						
		lost.	actifuld conse	(c)									
		PART 2 OTHER	SIGNIFICANT CON	DITIONS CONTRIB	UTING TO DEATH BUT NO	OT RELATED	TO THE TERMIN	NAL DISEASE ORG	CONDITION (GIVEN IN PART 1(3)		
	2	43-											
	AT ON	19o. DATE OF OP	ERATION 19b.	ONDITION FOR W	HICH OPERATION WAS PE	RFORMED	20a. AU	TOPSY?		b IF YES, WERE F	INDINGS CON	ISIDERED IN CER	RTIFYING
2	CERTIFICAT						YES [□ NO 🔀	CA	USES OF DEATH?			
,,,,,			WAS UNDERLYIN			21c	HOW INJURY O	CCURRED (Ente	r nature of	injury in Part I o	or Port 2, Ite	m 18.)	
	MEDICAL		G CAUSE OF DEATH medical examin			,							
	ME	21d 1%RY Of	CURRED 21e		AT HOME, FARM, STREET FAC		LOCATION St	reet or RFD No	1	City or Town		County	State
		While Nat	vark							ha /	. ,	, _	
		22a. I certif	y that (l) (thi	s haspital) at	tended the decease	ed from	MANA	, 19/4	2 8 . ta	John 20	Ž_, 19/2	Y, that	(I) (we) las
		saw th	e deceased al	ive on	ne la 1	9 6 X, 0	and that In (my) (our) ap	mian deo	th occurred a	n the date	e and hour a	nd from the
			stated above	, (1) (we) yaid	(did not) view the	body atte	er death.			_	20 D4	Tr CICHED	
		226 SIGNATURE	rard!	Thu.	Mos	DI	GREE PHYS		MED DIRECTOR	STAFF D	_	NTE SIGNED 1:	968
		22d PHYSICIAN		/	U		22e. A						
/		NAME (Тур	ej B€	rnard 0	. Thomas,	Jr.	[228	N. Mar	ket S	treet,F	rederi	ick, Illd	•
	23 a	BUR AL, CREMAT	ION, 23b. [ATE	23c. NAME OF	CEMETERY	OR CREMATORY		23d. LOC	ATION (City or To	iwn)	(County)	(Stote)
		REMOVAL SAECT	Ju	ne 29,19	68 Lt. Zic	n Ju	theran	Cemeter	y La	diesbur	z. Fre	ederick	Md.
)	24	FUNERAL DIRECT	OR KIL	well	ADDRESS	tree	Elen	2Sq REC'D 8	BY REGISTRA	CO 25b PF	CISTRAR'S SI	GNATURE CALLED	
3		37. D. ".	tchison	3 Son	Broderick	11 200	rl and	- JUL -		168 <i>[C</i>	TOPES	of Market	4



٩,

MARYLAND STATE DEPARTMENT OF HEALTH

6-19-68



and 2 death.

d September 1

Nuneral Trand

TO HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 21 hours after death.

Palle 4 may be retained by the haspital or attending pillystrian.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in a director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers should be filed with the State Dept. af Health prior ta burial, crematian, ar remaval, and in any event, within 72 that

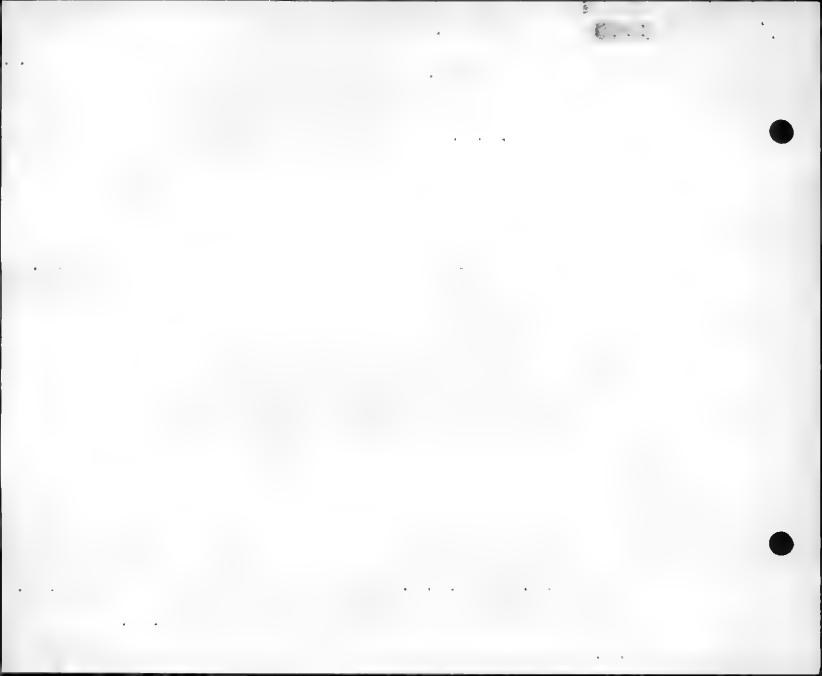
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

T. 17 (1)

CERTIFICATE OF DEATH

			`			D = / 11 11 1					
	Type or exist)	First	Middle		Last		2a. DA	TE OF DEATH Manth	Dgy	Your	2b HOUR
	Lou:	ise	C.	<u> </u>	Lswor	th		June	6	196	8 10:30
3. SI	EX	4. RACE			DATE OF B			6. AGE (In year	ors	IF UNDER : YEAR MONTHS DAYS	IF UNDER 24 HRS.
	Female	,	hite		lovem	ber 135	. 187	78 dost birthday	YRS.	WOHING DATE	PUOKS WIN
7a	BIRTHPLACE (State or foreign	7b. CITIZEN OF W		8. MARRIED	NEVER MAR	RRIED	9. COUNT	TY OF DEATH			
EGUR	est Virginia	U. S	. A.	WIDOWED A		RCED 🗌	Fr∈	ederick			Md
	CITY OR TOWN OF DEATH Frederick	II N	AME OF HOSPITAL OR INS street addiess). Mei aderick Mei	morial	in hospital Hospit			ATION (Kind of work irking life, even if re		126 KIND OF I	BUSINESS OR
13a adm	USUAL RESIDENCE (Where de issian) STATE eryland		ian: Residence befare	la divorte 3	NWC	13d. ANSIDE CITY LU		3e STREET AND NUM Route 3			
	FATHER'S NAME First	Middle	Lost			AIDEN NAME F	ırst	Mi	ddle		Last
	George		Ellswort	h		Hanna	ah			Bish	100
	. WAS DECEASED EVER IN U.S.	ARMED FORCES? give war or dates of service)	166 SOCIAL SECURITY		DRMANT				Iress		-
	Yes, na, or upknawn) (li yes		216 54 78	60 JLMi	ss Do	rothy A	Alber	rs, Route	3,Ir	ederick	roald.
	Canditians, if any, which griss to immediate cause (stating the underlying causes. 4200	DUE TO, OR (c)	SOMESALIAS A CONSEQUENCE OF	ged A	rten	osclew	no	Z ASI	11)		MATE NTERVA. HISET AND DEATH 20 J
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTR BL	TING TO DEATH BUT NO	OT RELATED TO T	HE TERMINA	L DISEASE ORCI	ONDITION	GIVEN IN PART 1(a)	-	2-	
S	Wina		intion	and .	Jever	o the	الكامار	Justa		on	
CERTIFICATI	190 DATE OF OPERATION	194 CONDITION FOR WE	IICH OPERATION WAS PE	RFORMED	20a. AUTO			206 if Yes, Avere fini Causes of Death?	DINGS CO	INSIDERED IN CE	RTIFYING
E	21a. ACCIDENT WAS UNDER	RLYING 21b. TIME O	VALUE	I ata HOW	YES	Pages,		of injury in Part 1 ar	Dort O. Id	101	
ਤ	OR CONTR BUTING CAUSE OF	DEATH HOUR A.M.	Manth Day Year		INJUNI OCC	TOKKED (FIIIBI	HOIDIB Q	n inquay in run i ui	rviii z, ii	eili ie.j	
MED.	21d. INJURY OCCURRED While Nat while at wark	21e. PLACE OF INJURY	AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.		TION Stree	et ar R.F.D. Na.		City or Town		County	State
	22a. I certify that (1) saw the decease	(this haspital) att d alive on ave,(1) (we) (did)	UM 6	96 Randt	hat in/m	, 19 <u>4</u> (aur) apii	ي, to nian de	a Deve 6	, 19 <u>_</u> the dat	€ € , that e and havr	(I) (we) last and from the
	22b. SIGNATURE	Milla	ich	DEGREE	ATTENDII PHYS	NG M	ED IRECTOR	STAFF PHYS.	1	ATE SIGNED	5
	22d PHYSICIAN'S NAME (Type)	W. J. Ridd	ick, M. D.		22e. ADD Fre		Hedi	ical Cente	er,F	rederic	k, Md.
23a	PEMOVAL (Specify)	36. DATE une 9,1968	Lount Z	cemetery or cr	ctery		hee	eling, W.	 Va.	(Caunty)	(State)
24	FUNERAL DIRECTOR	ough	ADDRESS	takel	es.	2Sa. REC'D B'	Y REGISTR	RAR 2Sb. REGI	STRAR'S	SIGNATURE	4.0
	H. R. Etc	hison & So	n. Tred ri	ck, ilar	yland	DATE JUN	10	1968	Man	res Jaco	192

VR A15 (4) 30M REV. 1/68



10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in a director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers shauld be filed with the State Dept. at Health priar to burial, crematian, ar remaval, and in any event, within 72 ha

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		CERTIFICATE OF DEATH										
			CEASED-NAME ype or print) Gye	First Linux 2	//Gartrude	E	NG	LE	20 DATE OF DEATH Month SONE	Doy LL Y	968	26. HOUR 10:15 A M
1		3. SE	X	4. RACE			S. DATE OF B		6 AGE (In year last birthday)	S IF UNDER		UNGER 24 HRS.
			Female		ite			23,187	6 91	YRS.		
		7o. E	IRTHPLACE (Stote or foreign	76. CITIZEN O	F WHAT COUNTRY?		D 🔲 NEVER MA	KK (ED	COUNTY OF DEATH			
			Maryland		ISA	WIDOW		ORCED	Frederic			Md
1	10. C	Trederick	10	11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital give street oddress) Monocacy Hall Nursing H. Housewife INDUSTR						(IND OF BUS STRY	SINESS OR	
		USUAL RESIDENCE (Where dissign) STATE	leceosed lived, if ins	titution. Residence before	13c CITY	OR TOWN	13d. INSIDE CITY LIMIT	13e STREET AND NUMBI	ER .			
	1:		Maryland		derick	Kem	ptown		RFU # I	Mt. Ai		
	ſ	14. F	ATHERS NAME First	Midd			IS MOTHERS N	AAIDEN NAME Firs				Lost
		1/	Jo!		 Watkir II66. SOCIAL SECURITY 		7. INFORMANT		Margaret		lood	
			WAS DECEASED EVER IN U.S es, no, or unknown) (If ye	s give war or dates af service		NU.		. II D.	Addr			Ma
	-	No		None		MILE AND	a. H. Br	rowning, R#1		APPROX MATE		
		18. CAUSE OF DEATH (Ent PART I. DEATH WAS C			1 4	11-	+ 1	1		ETWEEN ONSET		
			MEDIATE CAUSE (a)	Conges	2115	< 4(e)	VI TO	rilure		0	lay	
		4.		or as a consequence of		0 4	8.4	^		-	1	
		Conditions, if any, which or rise to immediate cause	(b)	Advanced	gener	alzed	1416US	Sirvelus		54	rs	
			stating the underlying co		OR AS A CONSEQUENCE OF							
			last. 4501) (c)_								
	 **	PART 2. OTHER SIGNIFICAN		DOLL -	Peet	TO THE TERMINA	AL DISEASE OR COI	NDITION GIVEN IN PART 1(a)				
	Y	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR	WHICH OPERATION WAS P	RFORMED	20a AUT		20b. IF YES, WERE FIND CAUSES OF DEATH?	NGS CONSIDERE	D IN CERTI	IFYING
	Λ	ERT	21g. ACCIDENT WAS LINDE	PIVING TOTAL TIME	E OF INJURY	1914			nature of injury in Part 1 or P	art 2 Ha 10 \		
		MEDICAL (OR CONTRIBUTING CAUSE ((If either, notify medical e	OF DEATH HOUR A	.M. Month Doy Year		HOW INJUNIT OF	CCOKKED (EIIIBI II	iature at injury in rant tarr	2, Hem (6.)		
		₽¥	21d. INJURY OCCURRED		RY (AT HOME, FARM, STREET, FA		LOCATION Stre	et ar R.F.D. Na.	City or Town	County	Y	State
		ш	While Not while at work		COMME BUILDING, ETC.	1						
		Ш		(this hospital),	attended the deceas	ed from_		. 19.52	, to SUNE 6	7 19.68	, that (I) (we) last
			saw the decease	ed alive an	id) (did not) view the	19 🖳 , (bady afte	and that in (n er death.	ny) (aur) apini	A , ta SONE 6 an death occurred an t	ne date and	haur an	d fram the
			22b. SIGNATURE	, , , , ,		-				22c DATE SIGN	NED	
			Kall	d. Min	W KK	D . DI	GREE PHYS	LAL DIR	ECTOR PHYS.	6-6	5-6	&
	l		22d. PHYSICIAN'S V R 3	igh L. 1	<i>Yichels</i>		22e. AD	DRESS Med	ical Cfr. 5	Freden	ich.	Md
_		23a.		236. DATE	23c. NAME OF	CEMETERY	OR CREMATORY		23d. LOCATION (City or Town	(Count	iy)	(State)
•)		REMOVAL (Specify) Burial	June 9,1			ce Meth		Kempto			
P	1	24.	FUNERAL DIRECTOR Olin L. M	Al ASWAME	ADDRESS h, Damascu			2So. REC'D BY	REGISTRAR 256. REGIS	RAR'S SIGNATU	RE ()	**** ·
1	184		OTTH L. M	OT GOMOT, C	n, Damascu	DPT ec		DATE JUN	TO 1000 %.		11 1	12

*

. ,

.

4

* *

*

è

pending

This certificate shauld the certificate, writing the ward 5 may 70 FUNE Health

It em? a, FilmGLO1 6/2L MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. DECEASED NAME EJGENE M.ddle 20 DATE KNOWN Month **EDWÄRD** ERICKSÖN (Type or Print) OF ESTIDEATH MATED & June 15 19 6 IF UNDER I YEAR IF LINDER 24 HRS 2c DATE PRONOUNCED DEAD 3 SEX 4 RACE S DATE OF BIRTH 6. AGE (in years leg (sthday) Male White 12-14-1944 Year 1968 Jime 15°9 70 BIRTHPLACE (State or foreign 7b. CIT ZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH MARRIED NEVER MARRIEDS country) Illinois U.S.A. Frederick. WIDOWED | DIVORCED [11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH Frederick durin Store (Leverking life, even if retired) INDUSTRY gwdrederick Memorial Hosp. Near None 13a USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 13d. NSIDE CITY LIM.TS? 13e. STREET AND NUMBER odmission) STATELLInois 13b COUNTY Chicago 8116 S. Kenwood Avenue YES 🔀 NO 🗌 15. MOTHER'S MAIDEN NAME 4. FATHER'S NAME M.ddle Last Middle Last F. Eugene Erickson Verna Larsen 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT (Yeshine or unknown) (If yes give wor or dates of service) Mr. Eugene F. Erickson Chicago. Illisois 349-36-2781 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gave rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/6) 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES 174 NO [21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY_OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18) 21o. EXTERNAL CAUSE WAS PR.MARY OR CONTRIBUTING 6-12 10 68 CAUSE OF DEATH 21d INJURY OCCURRED 21f LOCATION Street or R.F.D. No. 21e PLACE OF INJURY (At home, form, street, City or Town State County NOT WHILE 220. I certify that I took charge of the remains described above, held on Autopsy Inspection . Inquiry . ond in my opinion Notural couses , Accident , Suicide , death resulted from: Homiside Undetermined monner CHIEF MEDICAL EXAMINER 22b_DATE SIGNED ASSISTANT MEDICAL EXAMINER Kine 15 DEPUTY MEDICAL EXAMINER Robert J. Thomas M.D. ADDRESS(Street, city, town, or county) Frederick. Maryland 23g BURIAL CREMATION. 23c NAME OF CEMETERY OR CREMATORY Joliet, Illinesis 23b DATE Removad Burial 6-19-1968 Oakwood -Cemetery ADDRESS 250 REC'D BY REGISTRAR - Frederick, Maryland DATE JUN 19 1968

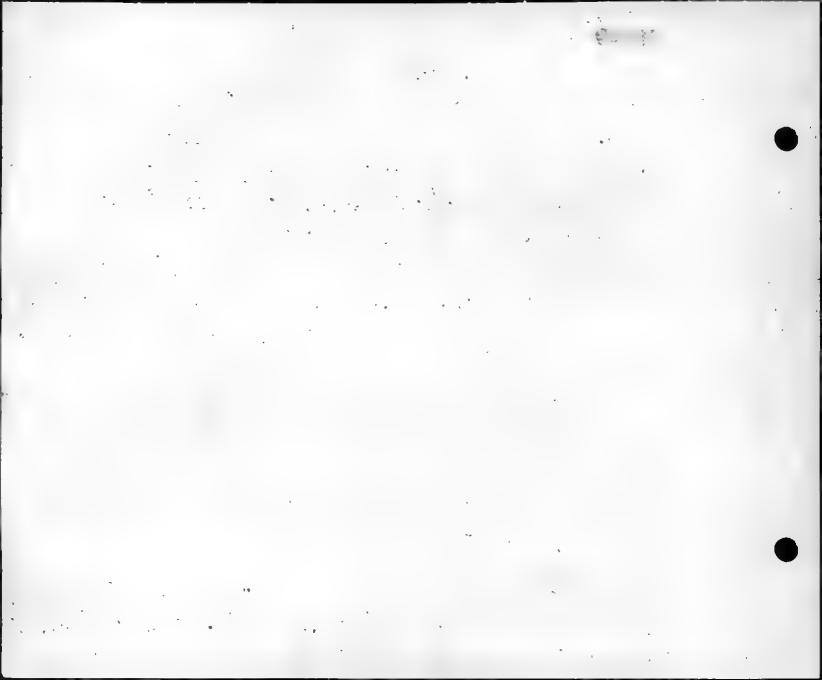
MARYLAND STATE DEPARTMENT OF HEALTH DÍVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

VR A15ME (5)

The state of



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle 1. DECEASED NAME First Last 2g. DATE OF DEATH 2b. HOUR requires that the death certificate be executed within 24 haurs after death 6 Day (Type or print) Bruce Juhr Eyler 1988 3. SEX 4. RACE IF UNDER 1 YEAR S DATE OF BIRTH 6 AGE (n years lasubijthdoy) male white 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED SNEVER MARRIED country) Md. USA Frederick WIDOWED [DIVORCED [physician and campletely filled en please remave carbon pape 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work dage 12b. KIND OF BUSINESS OR give street address) post of warking life, even if refired Thurmont Own Home 13a USUAL RESIDENCE (Where deseased lived, if institution: Resident before 13e STREET AND NUMBER 13c CUTY, OR TOWN admission) STATE 13b COUNTY and in any 14. FATHER'S NAME MAIDEN NAME First Middle Lost 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Yes, no, or unknown) (If yes give war at dates of service) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed by the burial-transit p burial, cremati Conditions, if any, which gove t rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause(PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Health priar ta has been 19b. CONDITION FOR WHICE OPERATION WAS PERFORMED 20a AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION CAUSES OF DEATH? 0 YES 🖂 NO T O FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 216 TIME OF INJURY Ė OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME FARM STREET, FACTORY) 21f. LOCATION Street or R F.D. No. 21d. INJURY OCCURRED County Stote City or Town While Nat while at wark 22a. I certify that (1) (this haspital) attended the deceased from Community 19 6 8, ta saw the deceased alive an-June 4 _19 6 S, and that in (my) (aur) apinion death occurred on the date and have and from the causes stated above, (1) (we (tid) (did not) view the bady after death. 22b. SIGNATURE 22c DATE SIGNED MED. DIRECTOR ATTENDING DEGREE PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Hurmont NAME OF CEMETERY/OR CREMATORY 23a BURJAL, CREMATION, PHNERAL DIRECTOR DSO. REC'D BY REGISTRAR 25b. REGISTRAR S SIGNATURE . 30M REV. 1768 1968



JUN

VR A15 (4)

30M REV, 1/68

ì

requires that the death certificate be executed within 24 hours ofter signed by the offending physicion and completely filled in by the burial-transit permit. Then please remove carbon papers. Pa burial, cremation, or removal, O FUNERAL DIRECTOR: After this certificate has been be detoched for use os the State Dept. of Heolth prior to director, page 3 should should be filed with the

DECEASED-NAME First Last 2n DATE OF OFATH (Type or print) Month ELLA 15 MAE GRIMES June 4 RACE 3. SEX S DATE OF BIRTH 6 AGE (In years HE HINDER 1 YEAR IF UNDER 24 HRS. HOURS last birthoay) Femal e White May 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 70 BIRTHPLACE (State or foreign 8 MARRIED NEVER MARRIED U.S.A. Maryland DIVORCED | Frederick WIDOWED F 1) NAME OF HOSPITAL OR INSTITUTION (if not in hospital 12g. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b KIND OF BUSINESS OR give street address)
Frederick during most of warking life, even if retired)
Housewife INDUSTRY Frederick Memoria] 13a USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13e STREET AND NUMBER 13b. COUNTY Carrol Maryland YES 🖂 NO 3 Mt. Route 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME First Middle Middle Ezra Pickett Glass Emma 16b. SOCIAL SECURITY NO 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address Yes, no or unknown) NONE William D. Grimes Same As #13 APPROXIMATE INTERVA 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY anterios cleretic Cardiovascular Distale 6 42085 IMMEDIATE CAUSE (a) 10 Years Diabeter Mellitui Conditions, if any, which gove) rise to immediate cause (o). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 190 DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20g. AUTOPSY? CAUSES OF DEATH? YES 🔲 NO 🖂 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. (If either, notify medical exominer) 21d. INJURY OCCURRED 21e. PLACE OF INJURY / AT HOME, FARM, STREET, FACTORY, 21f LOCATION Street or R.F.D No. City or Town County State While Nat while at wark 220. I certify that (I) (this hospital) attended the deceased from 1700, 1958, to 3400, 1968, that (I) (we) lost saw the deceased alive an 2400, 71968, and that in (my) (our) opinion death accurred on the date and hour and from the couses stated above, (I) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING STAFF PHYS. June 7, 1968 DEGREE 22e. ADDRESS 22d. PHYSICIAN S B. Culwell Mt. Airy, Md. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE 23a BURIAL, CREMATION (County) REMOVAL (Specify) 6/10/1968 Taylorsville Cemetery
ADDRESS | 250, RECTO BY Taylorsville, Carroll, Md 24 FUNERAL DIRECTOR 25g. REC'D BY REGISTRAR Waltz, Box 241, Sykesville, Md. 30M REVAIT 6 1Charle

25 4. . 4.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

				2015 111	CALL OF	PEAIL					
ECEASED NAME	First		Middle		Last		20 DATE OF	DEATH	D .	v	2b. HOUR
Type or print)	Lil	lburn	H•	Н	all		June	Manin 24	196	Pear	1045 M
EX		4. RACE			S DATE OF BIR	RTH		6. AGE (In years			IF UNIOER 24 HRS. HOURS MIN
Male		Whi	ite		Feb. 1	-1890		78 Y		CIRTS	HOURS NOW
BIRTHPLACE (State a	fareign 2	7b. CITIZEN OF V	WHAT COUNTRY?	8. MARRIED	X NEVER MARK	RIED 9.	. COUNTY OF	DEATH			
IId.				WIDOWED	DIVOR		Fred	erick			Md
				STITUTION (IF	nat in hospital	during mas	st af warking l			USTRY	BUSINESS OR rmer
USUAL RESIDENCE (Where decease			13c CITY O	R TOWN			REET AND NUMBER		10	# x11/~=
issian) STATE	Id.	13b. COUNTY	Frederick	Nr .Ne	ew likt.	YES NO	P.O.	Ijamsv	ille-	Md.	21754
FATHER'S NAME	First	Middle	Last		IS. MOTHER'S MA	IDEN NAME Firs	st	Middle			Last
	Samuel	. T.	Hall			A	lice			Shee	ts
WAS DECEASED EVE	R IN U.S. ARME		16b. SOCIAL SECURITY	NO 17	INFORMANT			Addres	s	2175	1.
Yes no ar unknawn) Yes	(If yes give war	or dates of service)	215-36-68	98A M	rs. Lilb	urn H.	Hall-	P.OIj	amsvi	lle,	Md.
1B. CAUSE OF DE	ATH (Enter anly	one couse per								APPROXI	MATE INTERVAL INSET AND DEATH
	WAS CAUSED	BY-			ROMACSIS						Cleun
4334	HIBRODIAL	- 1.7		-							,
		(6)		LZED.	ARTERIO	SCLEROS	515			10	YVS
		DUE TO, OR									
last.	lying couse	(c)									
PART 2 OTHER SIG	INIFICANT COND	ITIONS CONTRIB	BUTING TO DEATH BUT N	OT RELATED	TO THE TERMINAL	DISEASE OR CO	NDITION GIVEN	I IN PART 1(a)	*		
332X DIE	BETES	MELL	TUS								
19g. DATE OF OPERA	TION 19b. CO	ONDITION FOR V	VHICH OPERATION WAS PE	RFORMED	20a. AUTOP	SY?			GS CONSIDE	RED IN C	ERTIFYING
					YES 🔲	NO X	CAUSES	OF DEATH?			
				21c 1	HOW INJURY OCC	URRED (Enter r	nature of injur	y in Part 1 ar Par	t 2, Item 16	.)	
				,							
21d NJURY OCCJ	RRED 21e. P	7	/ AT HOME FARM STREET FAI		LOCATION Street	or R.F.D. Na.	City	ar Tawn	(qui	ily	State
at wark at war	k — [^ .		^				
22a. I certify	thot (i) this	hospital) of	ttended the decease	ed from_	July		9 6 ta	une 24,	19_68	, that	(II) (we) last
sow the couses st	leceasea a i ited obove,	ve an Alw (II) (we) (did	d) (did not) view the	otter کھیں ک body ofter	death	i) (aur) ap.ni	ian death a	iccurred on the	date an	d haur	and from the
22b. SIGNATURE	Do	, P			ATTENDIN	G - MEI	D				0.60
	Culia	d C.	Klynwills	MALDEC	REE PHYS.	Lia DIR	ECTOR L	PHYS L	June	25-1	960
22d. PHYSICIAN'S NAME (Type)	Dr.	Richard	d C. Reynol	ds			ouse Ar	veFred	erick	, lid	.21,701
BUR AL, CREMATION	,		4	CEMETERY O	R CREMATORY		23d LOCATIO	N (City or Town)	(Cau	nty)	(State)
REMOVAL (Specify)	Tur	e 27-19	1/0 LIGHT 07	Samuel 1	3 am a h		73			22 22	7
FUNERAL DIRECTOR		-	968 Mt. Ol	TAGE (id.21701		Fre	ederick.	Md.	<u> 21.70</u>	
	IMALE BIRTHPLACE (Stote on ntry) Lide CITY OR TOWN OF DE CONTRIBUTING TO THE STORY IN A COLORNY OF DEATH OF THE STORY IN A COLORNY OCCUMENT OF THE STORY PART 2 OTHER STORY PART 2 OTHER STORY 19a. DATE OF OPERA 21a ACCIDENT WAR OR CONTRIBUTING THE STORY 19a. DATE OF OPERA 21a NURY OCCUMENT	INDEX Male BIRTHPLACE (State or foreign Intry) IId • CITY OR TOWN OF DEATH C. Nevy Market USUAL RESIDENCE (Where decease issian) STATE WAS DECEASED EVER IN U.S. ARME (res. po. or unknown) III. WAS DECEASED EVER IN U.S. ARME (res. po. or unknown) III. B. CAUSE OF DEATH (Enter and IMMEDIAT I. DEATH WAS CAUSED PART I. DEATH WAS CAUSED IMMEDIAT III. PART 2. OTHER SIGNIFICANT CONE 3.3. DIAGE TE. 3. IPAG. DATE OF OPERATION IPAG. DATE OF OPERATION IPAG. DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (III either, natify medical examine of work at wark at wark 22a. I certify that (1) Ithis sow the deceased at couses stated obove, 22b. SIGNATURE CULCAR 22d. PHYSICIAN'S NAME (Type) Dr. BUR AL, CREMATION, 23b. D. BUR AL, CREMATION, 23b. D.	INTERPRETABLE CAUSE OF DEATH (Internally and offers of service) THE CAUSE OF DEATH (Internally and offers of service) THE CAUSE OF DEATH (Internally and offers of service) THE CAUSE OF DEATH (Internally and cause per PART I. DEATH WAS CAUSED BY (MARDIATE CAUSE (a) DUE TO, OF Conditions, if any, which gave rise to immediate cause (a). The CAUSE OF DEATH (Enternally and cause per PART I. DEATH WAS CAUSED BY (MARDIATE CAUSE (a) DUE TO, OF Conditions, if any, which gave rise to immediate cause (b). The CAUSE OF DEATH (Enternally and cause per PART I. DEATH WAS CAUSED BY (b) DUE TO, OF Conditions, if any, which gave rise to immediate cause (a). The CAUSE OF DEATH (Enternally and cause per PART I. DEATH WAS CAUSED BY (b) DUE TO, OF Conditions, if any, which gave rise to immediate cause (b). The CAUSE OF DEATH (Enternally CAUSE (b) DUE TO, OF CONDITIONS CONTRILL (c) DUE TO, OF CONTRIBUTING CAUSE (b) DUE TO, OF CONTRIBUTING CAUSE (c) DUE TO, OF CONTRIBUTING CAUSE (c) DUE TO, OF CONTRIBUTING CONTRILL (c) DUE TO, OF CONTRIBUTING CAUSE (c) DUE TO, OF CONTRIBUTING CONTRILL (c) DUE TO, OF CONTRIBUTING CAUSE (c) DUE TO, OF CONTRIBUTIONS CONTRILL (c) DUE TO, OF CONTRILL	INAMEDIATE CAUSE OF DEATH WAS CAUSED BY INMEDIATE CAUSE (a) LOUE TO GRAND WITH COUNTRY? LOUITY OR TOWN OF DEATH LOUITY OR MINING THE CAUSE (a) LOUITY OR AS A CONSEQUENCE OF CANGER OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT WHICH OPERATION WAS PERFORMED TO THE COUNTRY OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT WHICH OPERATION WAS PERFORMED TO THE COUNTRY OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT WORK OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT WHICH OPERATION WAS PERFORMED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT WORK OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT WORK OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT WORK OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT WORK OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT WORK OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT WORK OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT WORK OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT WORK OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT WORK OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT WORK OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT WORK OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT WORK OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT WORK OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT WORK OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT THE SIGNIFICANT CONDITIONS CONTRIBUTION TO THE SIGNIFICANT CONDITIONS	In the country It	The cause of pearly course of conditions, if any, which gave rise to immediate cause (a). Stating the underlying cause of pearly lost. Cause of pearly cause of pearly courses a consequence of immediate cause (a). Stating the underlying cause of pearly lost. Cause of pearly cause of pearly lost.	Lilburn H. Hall	Type or print Lilburn	Type or print Lilburn	Lilburn H. Hall June Manth 21 Day 1.96	Lilouth Ho Hall June Month 21 Day 1968 or print

VR A15 (4) 30M REV 1/68

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician director, page 3 shauld be detached for use as the burial-transit permit. Then please should be filed with the State Dept. of Health prior to burial, crematian, or remayal, and it

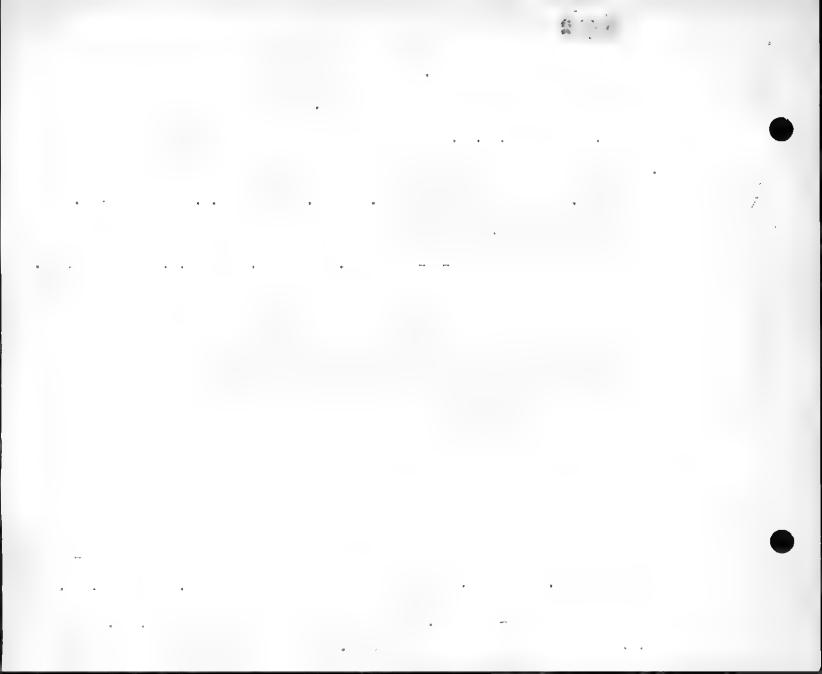
Page 4 may be retained by the haspital ar attending physician.

event, within 72 hours after death.

ndingny

and completely filled in by the remove carban papers. Pages

to Hospital or Attenbing Physician: The law requires that the death certificate be executed within 24 haurs aft



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME Middle Lost 2n. DATE OF DEATH 2b HOUR ond 2 death. First ond Yeor (Type or print) Month Cremwell Harris, Sr Charles 3. SEX 4. RACE 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS event, within 72 hours after lost birthdoy) HOURS Negre 6-24-1913 Male 7g. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED XNEVER MARRIED requires that the death certificate be executed within 24 hou country) corban papers. signed by the ottending physician ond completely filled in burial-transit permit. Then please remove corban papers. WIDOWED [DIVORCED | U.S.A Frederick Md 120 USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 1). NAME OF HOSPITAL OR INSTITUTION (If not in hospitol 125 KIND OF BUSINESS OR give street oddress) Mt_Ephriams Road during most of working life, even if retired.) Construction INDUSTRY 26-36-36-36 Adamstown 13a USJAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 3d, INSIDE CITY LIMITS? 13e. STREET AND NUMBER Adams town, Md odmission) STATE 13b COUNTY Prederick Adamstow burial, cremation, ar removal, and in ony 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Middle Bertie Sarah Stevenson Richard Harris James 16b. SOCIAL SECURITY NO 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Yes no, or unknown) (If yes give wat ar dates of service) Adams town . Md 218-07-5428 Mary C. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Mersoelsrole DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse by the hospitol or attending physician. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) d for use os the of Health prior to O FUNERAL DIRECTOR: After this certificate has been 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🖂 NO [210. ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Dov Year (If either, notify medical examiner) 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY) 21f LOCATION Street or R.F.D. No. Stote City or Town County While Not while of work 22a. I certify that (1) (this haspital) attended the deceased from 7-16-, 1955, ta 6-11-, 1963, that (1) (we) last saw the deceased alive an 5-16-1968, and that in (my) (aur) apinion death occurred on the date and hour and from the be retained director, page 3 shauld should be filed with the causes stated above, (I) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING STAFF PHYS. DEGREE DIRECTOR PHYS. 22d. PHYSICIAN S 22e. ADDRESS NAME (Type) Rex R. Martin 220 N. Market St. Fred . Md 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. 8URIAL CREMATION. (County) (Stote) Burial (Specify) St.Pauls Church Frederick Md 6-15-1968

Frederick. Maryland

24. FUNERAL DIRECTOR

C.E.Hicks.111

Dalls

25b. REGISTRAR'S SIGNATURE

2So. REC'D 8Y REGISTRAR

DATE JUN 17

	\$5550 8		CEKTIFIC	AIL UF DEA	AIH					
T.	DECEASED-NAME First	Middle		Lost	2o E	DATE OF DEATH			2b. I	HOUR
	(Type or print) Mare	zaret Downey	Норк	d ns	,T11	ne Month 6	Doy 196	Yeor A	8:	00°
3.	SEX	4. RACE		S. DATE OF BIRTH		6. AGE (In year	S IF JH	DER I YEAR	IF UNDER	
	Female	White		April :	24-1879	103	YRS. MONTH	S DAYS	HOURS	MIN
	o. BIRTHPLACE (State or foreign 71	b. CITIZEN OF WHAT COUNTRY?	8. MARRIED	NEVER MARRIED	V	NTY OF DEATH				
Ľ	Md.	U. S. A.	MIDOMED	DIVORCED [F	rederick				M
10), CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR IN	STITUTION (If no			JPATION (Kind of work		b. KIND OF I	BUSINESS	OR
	Frederick	Frederick	Mem. Ho	spital		vorking ufe, even if retii memaker	ed.)			_
		lived, if institution: Residence before		TOWN 13d INS	SIDE CITY LIMITS?	13e. STREET AND NUMBI	ER			
. 00	dmission) STATE Md.	13b COUNTY Frederick	New Ma	rket YES	NO					
/ 17	4, FATHER'S NAME First	Middle Lost	IS	MOTHER'S MAIDEN	NAME First	Mide	dle		Lost	
1	Howard	Hanford Hop	kins	Margare	et			owne	7	
1	60. WAS DECEASED EVER IN # S. ARMED Yes, no. or unknown) (If yes give work		NO 17. IN	IFORMANT		Addr	. bM ²²⁸	21.20		
	No =====	220-44-60	96 Ro	bert M. I	Hopkins	-1308 Malve	ern Av	eRu	<u>ixto</u>	
		one couse per line for (a), (b), and (c)	.)						MATE INTERV	
	PART I. DEATH WAS CAUSED E	BY. CAUSE (o)	el T	hronto	لروب			1	de	_
П	4129	DUE TO, OR AS A-CONSEQUENCE OF		_			7			Z
	Conditions, if any, which gave	(h) Asterise	chert	e Caro	lis. U	Tes cular A	Ouse	-		
	rise to immediate couse (a), stating the underlying couse	DUE TO, OR AS A CONSEQUENCE OF								
	lost.	(c)								
	PART 2 OTHER SIGNIFICANT CONDI	ITIONS CONTRIBUTING TO DEATH BUT N	IOT RELATED TO	THE TERMINAL DISE	ASE OR CONDITIO	ON GIVEN IN PART 1(o)				
,	= 1221 73	roucho-pneum	onea							
	190. DATE OF OPERATION 19b. CO	INDITION FOR WHICH OPERATION WAS PE	ERFORMED	20o AUTOPSY?		20b IF YES, WERE FIND	INGS CONSID	ERED IN CE	RTIFYING	,
X	190. DATE OF OPERATION 19b. CO			YES 🔲	NO 🔀	CAUSES OF DEATH?				
		Elle think of historia		W INJURY OCCURRED	Enter noture	of injury in Part 1 or P	ort 2, Item 1	18.)		
	G (If either, notify medical examiner	HOUR A.M. Month Doy Year	9							
	21d. INJURY OCCURRED 27e. Pt	LACE OF INJURY (AT HOME FARM, STREET, FA		CATION Street or R	F.D No.	City or Town	Cor	unty	S	tote
1	While Not while of work	COPPLE BUILDING, ETC.	1	<i>p</i> -						
н	22a I certify that (I) (this	haspital) attended the deceas	ed from	5/16	, 19.68_,	ta Juna 6	, 19 68	_, that	(I) (w	e) la
н	saw the deceased aliv	ve an rune la	19 <u>456</u> , and	l that in (my) (a	ur) apinion d	leath occurred an ti	he date a	nd hour	and fro	m th
П	22b. SIGNATURE	(I) (we) (did) (did not) view the	bady after a	earn.		-	22c. DATE !	FICHED		
н	ZZB. SIGNATURE	9 9 h	DEGRI	ATTENDING 1	MED.	STAFF D	June		Lø.	
1	22d. PHYSICIAN S	team (1).	V DEGKI	PHYS 1	DIRECTOR	R L PHYS L	agrie	7-17	70	
1	NAME (Type) Dr. A.	Austin Pearre-S	r.		hurch S	t Frederi	lck-Md	. 21	701	
2	30 BURIAL, CREMATION, 23b DA	ITE 23c NAME OF	CEMETERY OR	CREMATORY	23 d.	LOCATION (City or Town) (Ce	unty)	(Stote)
3	REMOVAL (Specify)	8-1968 Centr	al Ceme	terv	Nr	New Marke	at_ wa	217	ו ליד	
2	4. FUNERAL DIRECTOR Elever	ADDRESS	Uhita	roze 250	REC'D BY REGIS	STRAR 2Sb. REG S	TRARS SIGNI	ATJRE		
	M. R. Etchison	& Son- Frederic	ck, Md.	21701 DATE	JUN 1	0 1968 16	Hoyl	to you	de.	, '

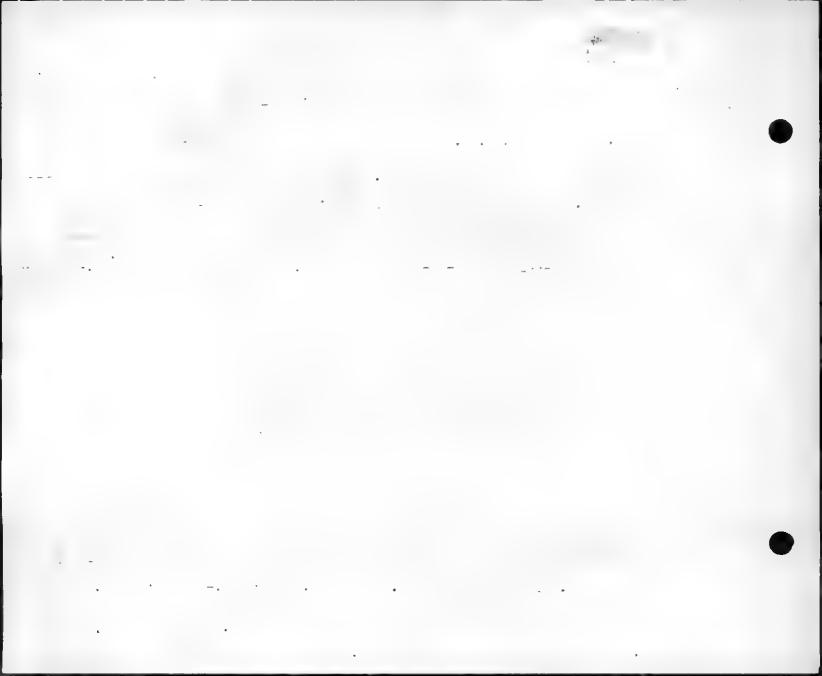
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fitted director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban pages hauld be filed with the State Dept of Health prior to burial, cremation, or remayal, and in any event, within O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within Page 4 may be retained by the haspital ar attending physician.

funeral s death.

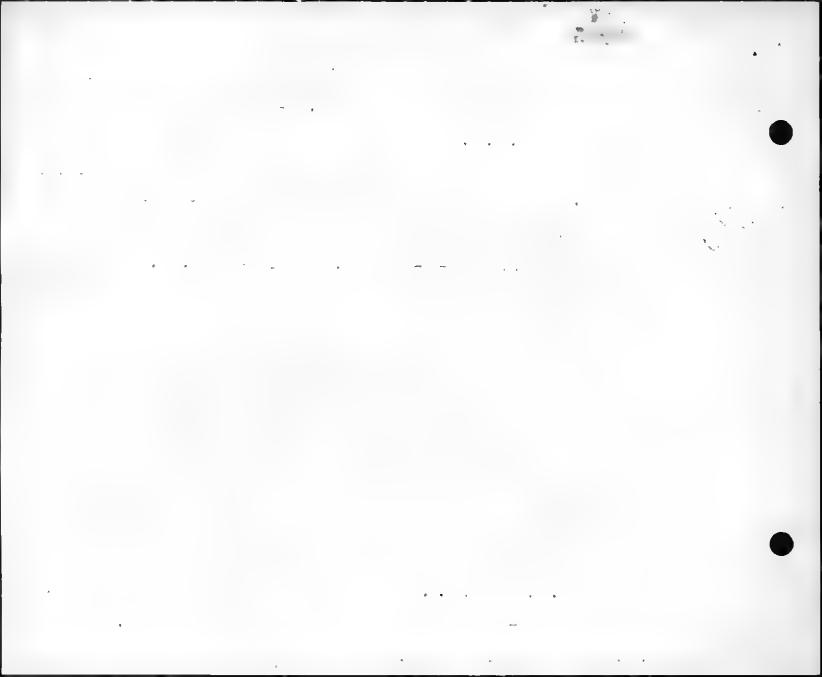
paper

hours after death.

VR A15 (4) 30M REV. 1768



MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

and 2

funeral

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death

Page 4 may be retained by the haspital or attending physician.

Hours ofter death.

	16	0700				(LEKIII	FICATE U	F DEATH					,	with	
		CEASED-NAME	First			Middle		Lost		2o. D	ATE OF	DEATH			2b.	HOUR
	-{Τ	ype or print)	Edwa	rd	Benj	amin	ď	ones -		Ju	une	Month 24	Doy 1	968°°	3:	: 05 1
	3. SE	Х		4. RACE				S. DATE OF	BIRTH			6. AGE (In years		UNDER 1 YEAR		R 24 HRS.
		Male			White			Oct.	26-18	81		last birthdoy)	RS. MOI	NTHS DAYS	HOURS	MIN.
		BIRTHPLACE (Stote or fo	oreign 71	b. CITIZEN	OF WHAT COUN	TRY?	B. MARR	IED 🔲 NEVER A	ARRIFO	9. COU	NTY OF				-	•
	coun	ifry) Hd.		U. S	S. A.				ORCED		Fred	lerick				Мо
	10. C	ITY OR TOWN OF DEAT	Н				STITUTION	(If not in hospite		DAL OCCU	PATION	(Kind of work dor		12b. KIND OI	BUSINES	
Ç.		Frederick			give street odd	erick	Liem.	Hospit	al during	most of w	orking Ret	life, even if retired		INDUSTRY Brick	Wor	iks
		USUAL RESIDENCE (Wh	ere deceosed		nstitution: Resid			OR TOWN	13d INSIDE CITY			REET AND NUMBER		A. J. S. S. S. S. S. S. S. S.	1102	3250
F	odmi	ssion) STATE	d.	13b. COU	NIY Fred	erick	Buck	ceystown	YES	NO 🔲			o allest graveaus			
1	14. F		rst	Mic	idle	Lost		-,	MAIDEN NAME	First		Middle			Lost	
			James	I	Edward	Jor	nes			Lau	ra			Da	ker	
		WAS DECEASED EVER I		FORCES?	16b. SOC	IAL SECURITY I	NO.	17. INFORMANT				Address	محرال	ederi		5A
	Y	es, qo, or unknown)	(If yes give war o	or dates of serv	216	-01-78	36lı	Mrs. Wi	lbur F	. i.cl	Brid	e-47 Ham	iİt	onv	€ •	
		18. CAUSE OF DEATH	(Enter only	one cause	per line for (o)	(b) and (c))	1			4				CIRATE INTER	
	П	PART I. DEATH V	VAS CAUSED E	3Y	An	ite	011	6 mon	346	E	de	ne			001	
		185 X	IMMEDIATE	, ,	OR AS A CONS	SEOLIENCE OF	1									
		Conditions If any, w		//-	Ar			clan.	tto	He	2. 5	T Pir	235	1	e 3 T	-
		rise to immediate a stating the underlyi		DUE TO	OR AS A CONS				-							
		los†)	fc	Ca	rtel'	1157	me w	F Per	57 g	27	2				
		PART 2 OTHER SIGNI	FICANT CONDI	TIONS CON	ITRIBUTING TO I	DEATH BUT N	OT RELATE	D TO THE TERM	INAL DISEAȘE OI	R CONDITIO	N GIVEN	I IN PART 1(o)	1	4		
	_	1. Be	nion	~ /	Pros1	Pot 1	•	140 B	PETE	o wel		E re	In.	lec	7	
	ATIO	190 DATE OF OPERATIO	N 195 CO	NDITION FO	OR WHICH OPER	ATION WAS PE	PEORMED	200. A	JTOPSY?	-		YES, WERE FINDING	S CONS	IDERED IN	CERTIFYIN	IG
1	CERTIFICATION	6/22/	8 0	Pros	love	des	Chia-	YES	□ NO [X	CAUSES	OF DEATH?				
			UNDERLYING		IME OF INJURY		21	c HOW INJURY	OCCURRED (En	iter noture	of intur	y in Port 1 or Port	2, Item	n 18)		-
	MEDICAL	OR CONTRIBUTING (If either, notify med		HOUR	A.M Month P.M.	Doy Yeor										
	ME	21d. INJURY OCCURR	ED 21e. Pl		JURY (AT HOME,			f. LOCATION S	treet or R.F.D. I	No	{Ity	or Town	(County		Stote
		While Not while			former po-	ILINO, EIC	1		/			, ,				
	Ш	22o. I certify the	ot (I) (this	hospital) attended t	he degeose	ed from	6/2	1, 19	67	to	6/20	196	🗽, tho	t (f) (w	ve) los
		sow the de				7/	9 (_ 2	and that in	(my) (e ur) o	pinion d	leoth a	ccurred on the	dote	ond hour	ond fre	om the
		couses state	obove, ((I) (We)	(ala) (ala noi) view me	pody of	ier geom.					DAT	E SIGNED	-	
		220 3199611925	est	9	CAY	wall	MU	PEGREE PHYS	IDING F	MED DIRECTOR				e 25-	1968	
		22d. PHYSICIAN'S	1.24	U_					DDRESS	DIRECTOR		PRITS -			4,00	
t		NAME (Type)	Dr. R	obert	t D. Cr	ouch				Hous	se A	veFred	eri	ck-Ld	.217	Ol
	230	BURIA., CREMATION,	23b DA	TE	72	BC NAME OF	CEMETERY	OR CREMATOR	1	23d	LOCATIO	N (City or Town)	1	(county)	{State	(e)
7		REMOVAL (Spec by)			1			Cemeto				rick, Md			12.51	'
j	_															

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in director, page 3 should be detached far use as the burial-transit permit. Then please remave carban paper to the british of the prior to burial, trematian, ar remaval, and in any event, within 72 has a filed with the State Dept. at Health prior to burial, crematian, ar remaval, and in any event, within 72 h VR ATS [4] 30M REV 1/68

24 FUNERAL DIRECTOR Elwood T. M. R. Etchison & Son

ADDRESS Wketmore Frederick, 11d.21701

250 REC D BY REGISTRAR DATUN 2 6 1968

1 0 4



102KH

rm. 7M3 Rage This certificate shauld be executed within 24 haurs after death SICAL EXAMINER: TO DEPUTY

5 may be retained far your files.

10 FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of necessary, please execute the certificate, writing the word "pending" in pencil in Item 18 Give Pagesy the funeral director. Page 4 shauld be farwarded to the Chief Medical Exominer's Office along with fat Health prior to burial, cremation, or remaval, and in any event within 72 haurs after death

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EVAMINED'S CEDTIFICATE OF DEATH

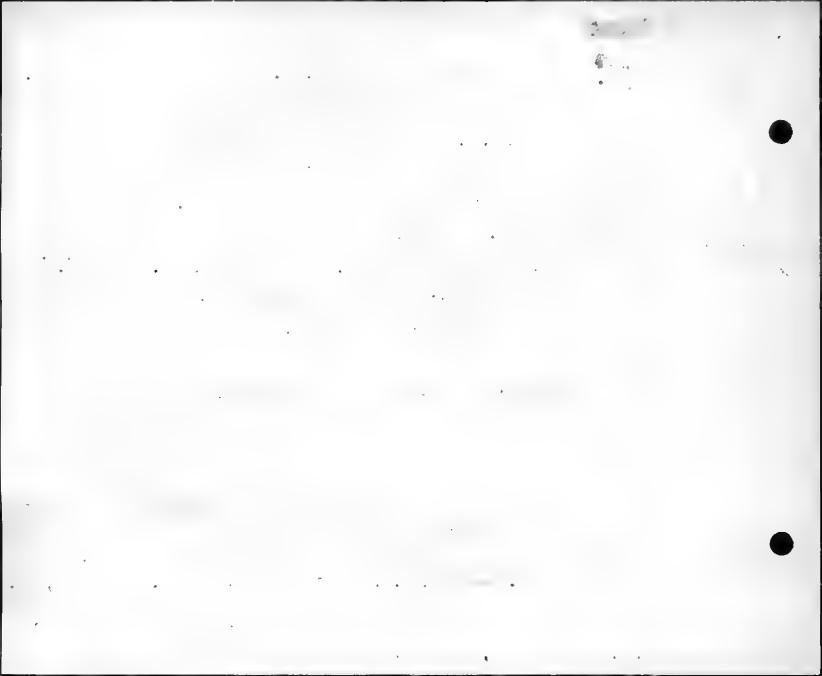
Ц_	4 C 25 F		INLUICAL	LVMIAIIII	N J CENT	HICAIL	. OI DE	.74111					
	DECEASED NAME (Type or Print)	Fire	st	Middle		Lost			20 DATE KNO	MN X W	lonth Day	y Yeor	2b HOUR
	(The m. Limi)	Samu	iel	NMN	J	ones			DEATH MA		Tuna	201968	6 8
3.	SEX	4 RACE	S. DATE OF BIRTH		E (In years MQI	F UNDER 1 YEAR ITHS DAYS	IF UNDER HOURS	24 HRS MIN.	2c. DATE PROF				2d HOUR
Ms	ıle	Negro	5-15-19		3 YRS	IIII) PALA	Hooks	aue.	Month 6	20 Doy	1	Year 19 AS	FAN
70	BIRTHPLACE (Stote		76. CITIZEN OF WHAT CO		B MARRIED	NEVER M	ARRIED 🔲	9 COL	INTY OF DEATH				
can	intry) Md		U.S.A.		WIDOWE	DIV	ORCED 😿	l F	reder	f.ck			M
10	CITY OR TOWN OF	DEATH	11 NAME (OF HOSPITAL OR II	NSTITUTION (if	nat in haspita		SUAL O	CUPAT ON (Kin	d af work d		KIND OF BUSI	NESS OR
F1 3	rederic	r	give street	Middle	Stre	n t			f working life,			USTRY	
			need lived if institution	Per denre hefore			13d .NSIDE CTY		13e. STREET A				
	odmissian) STATE	ма	13b COUNTY Free	derick	Fred	erick	YES 🔀	NO 🗌	401	Midd'	le S	treet	
14.	FATHER'S NAME	First	M.ddle	lost	15	MOTHERS MA	AIDEN NAME	First		Middle		Last	
			Unknown				Don	פיי	NIV	N	He	llman	
	. WAS DECEASED EVE			SOCIAL SECURITY I	10 17 IN	FORMANT	25 03		A14 /	ADDRESS]			
	(Yes, na, or unknawı N 🍙	n) (if yes giv	re war or dates of service)	17-10-9	OPR V	irgin	in B:	arn	ng 40	1 M1			
F	T	DEATH (Enter o	only one cause per line to			1	^	4	^		4.44.4	APPROXIMATE	
L		EATH WAS CAUS	ED BY	10, (b) 610 (g	Time	Nea	ドガ	la	1 mo		-	BETWEEN ONSET	AND DEATH
		MMED	DIATE CAUSE (a)	CONSEQUENCE OF	-000-	- 0			<u> </u>	. 1	,		
	Conditions, if an	ny, which gave	,	V - e att	mel (Waf	Such	500	£ (10	1	1		
	rise ta immedi	ate cause (a),		A CONSEQUENCE O		0 4 - (- vac-	4 ,		////	ruun	11	
1	stating the una	terlying couse	1 000 10,000	6 0 0 40	· de	16	Stran	94	lated	Sho	run	al He	mea
ı	DADT 7 OTHER S	ICHIEICANE CON	DITIONS CONTRIBUTING T	TO DEATH BUT NO	DELATED TO T	HE TEDM NAI	DISCASE OR	COMPLETE	IN CIVEN IN DA	PT 1(a)			
	5610	IGNIFICANT CON	DITIONS CONTRIBUTING 1	O DEATH BUT NO	I KELANED TO I	HE FERININAL	DISEASE OK	CONDITIC	IN GIVEN IN FA	Ki i(u)			
8	190. DATE OF OF	PERATION	19b.	CONDITION FOR	WHICH OPERATI	ON						20 AUTOPSY	(?
2				WAS PERFORMED								YES TOO	NO 🗀
CERTIFICATION	210 EXTERNAL C	ALSE WAS	21b TIME OF INJUI	RY Month, Dov. Yes	or 21c H	OW INJURY C	OCCURRED (Er	nter natu	ire of injury to	Port 1 or Pa	rt 2. Item 1	8-3	
	PRIMARY OR	CONTRIBUTING	HOUR A.M.	19			(or injury w		,, ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,	
EDICAL	21d INJURY OCC		P.M. PLACE OF INJURY (At ho		216 18	OCATION Stree	at or R E D. No		City or To	lws		aunty	State
Ι-	WHILE NO	T WHILE T	lactory, office building, etc		2,11	3411011 31100			cirl di i	*****			3.2.0
		WORK L.				11 4	~CA					1.7	
		-	toak charge of the re		_			. —	spection []		. —	ond in m	y opinior
L	death res	wited fram.	Natural couses	Accider	11 <u> </u> , Su	ncide,	Hamicio	te []	Undeterr	nined mai	nner 🔛	1	
H	ACTUAL A	Kil	# till lear	11.010			HEF MEDICAL			201	D . FF		
	SIGNATURE	new	Mina	WOVY			SS STANT MED		-	276	DATE SIGN	NED CON	1968
1	EXAMINER'S		V				EPUTY MEDIC				The	20	1700
- 000	NAME (Type)		<u> </u>		Crtarrent C-		Ankt22(21,66		iwn, or county)	Fred	aric	k Md	
23	 BUR AL CREMAT REMOVAL (Specif 	y)	DATE		CEMETERY OR	CKEMATORY			LOCATION (Cit	,			tgte)
	Buris		<u>6-22-1968</u>	Fair			Dr. Dr.		Freder		Fr		<u>d</u>
24	FUNERAL DIRECTO	Ж		ADDR	(61		DATE JU			25b REGIST		VATURE DANGE	R.
1	Ø 72	LIS ales	777 77 77	andaly !	Se mari o	nd	DATE	1 V 4	U 1300	1	7-1-0	VATA	

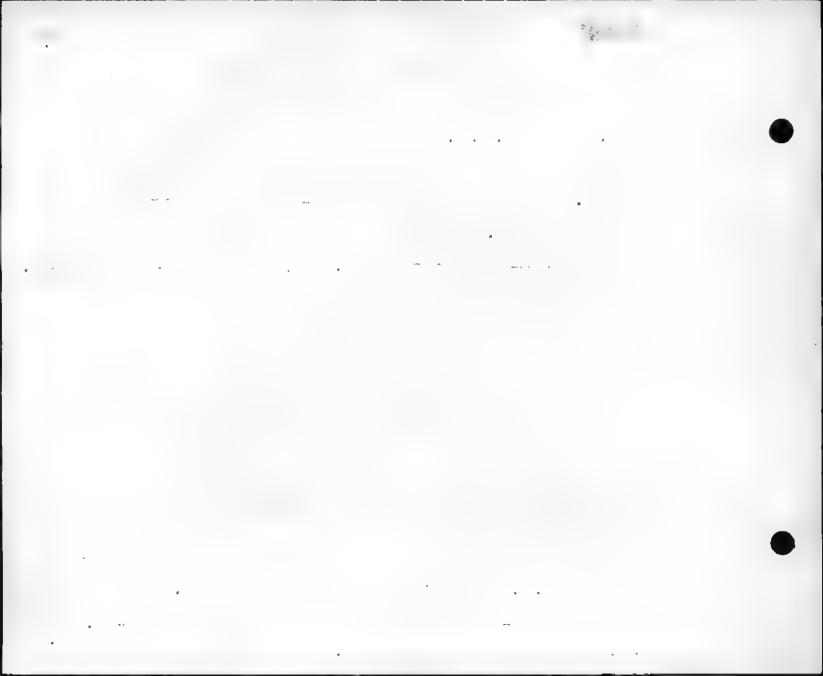
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

DECEMBED MANE First Mode Charles Edward Keefer, Sr. Month Day Tep 68 2. Month Month Day Tep 68 2. Month Day Tep 68 Day Da					-		CHILL OI DEA						
SERVE ARRE S.DAIE OF BIRTH S.DAIE OF BIR			First		Middle		Last	20					2b HOUR
S. DAIE OF BIRTH S. DAIE OF	1	(Type or phnt)	Charles	Ec	dward		Keefer, Sr			Doy 6	Lear	968	la.
Mail Part Continue Contin	3 5	EX	4 1	RACE					6. AGE (I	years	IF UNDER 1 YEA	AR IF	UNDER 24 HRS.
COUNTY AITY		Male		White	9		July 22,	1898	lest bir		MONTHS DA	ITS INC	JUKS MIN
Alary Land U. S. A. WIDOWED DIVORED DIVORED Prederick It is those of the part Divored Di	7a.	BIRTHPLACE (State	ar fareign 7b. Cl	TIZEN OF WHAT C	OUNTRY?	8 MARRIED	X NEVER MARRIED	9. 00	OUNTY OF DEATH				
10. CHY OR TOWN OF DEATH 11. AAM OF HOPFIAL OR HISTOTION (If for he boppho) 120. USUAL COUNTY 120.	€01			U. S. A.				j I	Frederick				N
13a USUAL RESIDENCE (Where deceased level, if maintain.or. Residence before play such 13th 13t	10.			11. NAME O	F HOSPITAL OR INS	TITUTION (IF	not in hospitol 120						
Description of the part idea of the part		Frederick		irede	oddress) erick Mei	moria	l Hospital	ring mast at Semi	Leretired	if retired.)	latc)	hmaj	n
AF FATHER'S NAME First Middle Lost Is. MOTHER'S MAIDEN NAME First Middle Lost Lost Magnetic						13c. CITY O			13e STREET AND I	NUMBER			
AF ATHER'S NAME First Model Lost IS. MOTHER'S MAIDEN NAME First Model Lost James R. Keefer Emma Model Estallings	agr	lary and	131	rederic	k .	Fred	erick YES	МО 🗀	233 W. I	atric	k Str	eet	
18. CAUSE OF DEATH (Enter only one course per line for (a), (b), ond (c)	14	FATHER S NAME	First	Middle	Lost		S. MOTHER'S MAIDEN N	IAME First					Last
Yespo or unknown		Jan	ies	R.	Keefe	r	3	Emma		Mae	Sta	all:	ings
Second S	ìói	WAS DECEASED EV	ER IN U.S. ARMED FO		SOCIAL SECURITY N	0. 17	INFORMANT			Address	deric'	le. M	d.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: PART I. DEATH WAS CAUSED BY: Conditions, if only, which gave its to immediate cause (a), stating the underlying cause (a), stating the underlying cause (a), stating the underlying cause (b). STATE OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a) PART 2 OTHER SIGNIFICANT COURSED 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20c. AUTOPSY? 20b. IF YES, WERE FANDINGS CONS DERED IN CERTIFYING CAUSES OF DEATH? PART 2 OTHER SIGNIFICANT COURSED 21b TIME OF INJURY 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18) 19c of work of work 19c of		Tes or briknown	1919 -1	921 2	17 10 94	M 80	rs. Llizab	eth Ke	eefer,233	I. Pat	rick i	ot.	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gave this to immediate couse (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART 1(a) Chronic Bronchial Asthma with severe emphysema & Cor Pulmonale 190 DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 210 ACCIDENT WAS UNDERLYING OCCOMPRIBUTING CAUSES OF ORATH (If either, notify medical examiner) 210 ACCIDENT WAS UNDERLYING OCCOMPRIBUTING CAUSE OF ORATH (If either, notify medical examiner) 211 No. (If either, notify medical examiner) 212 No. (CHIEF OF ORATH OF ORATH OF INJURY (IN HOUR AM Month Day Yeor P.M. 19 213 IN., URY OCCURRED (In the oration of the Condition of t				cause per line for	r (a), (b), and (c))						APPI	ROXIMATE	
DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost. SHOW TO AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF (d) DUE TO, OR AS A CONSEQUENCE OF (d) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART 1(a) Chronic Bronchial Asthma with severe emphysema &c Cor Pulmonale 180 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 210 ACCIDENT WAS UNDERLYING 210 ACC		PART I. DEA	H WAS CAUSED BY:	ISE (a) Me	assive	Gast	ric Hemor	rhag	e with	ih oe k			
Conditions, if only, which gave rise to immediate couse (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2 OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CLAUSES OF DEATH? 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CLAUSES OF DEATH? 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CLAUSE OF DEATH? PART 2 OR CONTRIBUTION CLAUSE OF THE TERMINAL DISEASE OR CONTRIBUTION CLAUSE OF THE TERMINAL DI		531,9	/						W 1.011				
DUE TO, OR AS A CONSEQUENCE OF (s) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Chronic Bronchial Asthma with severe emphysema & Cor Pulmonale 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF ORATH 190 RECONTRIBUTING CAUSE OF ORATH 190 RECONTRIBUTING CAUSE OF ORATH 191 ROLLOW OCCURRED White of wark Office submode Etc. ATTENDING 221 I certify that (I) (MANDESSE) did before submode Etc. 222. I certify that (I) (MANDESSE) did before submode Etc. 223. I certify that (I) (MANDESSE) did before submode Etc. 224. PHYSICIAN S GILC in F. Meadors, M.D. 236 BURIAL (REMAT CN, 236 DATE June 8, 1968 Mount Olivet Cemetery Frederick Frederick Md. 237 RECONSTRUCTOR 238 RECO BY REGISTRAR 256 REGISTRAR SIGNATURE 24 FUNERAL DIRECTOR 250 RECORD TIRGON, 251 REGISTRAR SIGNATURE 251 RECORD TIRGON, 251 REGISTRAR SIGNATURE 252 RECORD TIRGON, 251 REGISTRAR SIGNATURE 253 RECORD TIRGON, 251 REGISTRAR SIGNATURE 254 FUNERAL DIRECTOR 255 RECORD TIRGON, 251 REGISTRAR SIGNATURE 256 REGISTRAR SIGNATURE 256 REGISTRAR SIGNATURE 256 REGISTRAR SIGNATURE 256 REGISTRAR SIGNATURE 257 RECORD TIRGON, 251 REGISTRAR SIGNATURE 258 REGISTRAR SIGNATURE 259 REGISTRAR SIGNATURE 250 RECORD TIRGON, 251 REGISTRAR SIGNATURE 250 RECORD TIRGON, 251 REGISTRAR SIGNATURE 250 RECORD TIRGON, 251 REGISTRAR SIGNATURE			, which gave)			Gas	tric Ulce	ידו			20	77.m	0714
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Chronic Bronchial Asthma with severe emphysema & Cor Pulmonale 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b IF YES, WERE FARDINGS CONS DERED IN CERTIFYING CAUSES OF DEATH? 21o ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 19 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) 19 21d INJURY OCCURRED 21e. PLACE OF INJURY (At HOME, FARM STREET, FACTORY.) 21f. LOCATION Street or R.F.D. Na. City or Town County State of work in at work 22o. I certify that (I) (ATATASSEN) of the deceased from 1965 19 19 10 10 10 10 10 10				(-)									A1 B
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Chronic Bronchial Asthma with severe emphysema & Cor Pulmonale 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? YES NO CAUSES OF DEATH? 21o ACCIDENT WAS UNDERLYING 21b TIME OF INJURY HOUR AM. Month Day Year Port 2, Item 18) 21d INJURY OCCURRED White North Manded assomine 19 21d INJURY OCCURRED OF INJURY (AT HOME FARM STREET, FACTORY) 21f. LOCATION Street or R.F.D. No. City or Town County State of work of at work 10 was the deceased dilive on 6.6.68 19 , and find in (my) introduced and accurred an the date and hour and from the causes stated above, (1) (2007) (did) (3000000000000000000000000000000000000		last. 5	Trying cause	(c)									
Chronic Bronchial Asthma with severe emphysema & Cor Pulmonale 190 Date of Operation 196. Condition for which Operation was performed 206. Autiopsy? 206 If yes, were findings considered in certifying causes of death? 216 Accident was underlying cause of death? 216 How Injury occurred (Enter nature of injury in Part) or Port 2, Item 18) 210 Accident was underlying cause of death 40 M AM			GNIFICANT CONDITION	S CONTRIBUTING	TO DEATH BUT NO	T RELATED	TO THE TERMINAL DISEA	SE OR CONDI	TION GIVEN IN PART) (a)			
196 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 200. IF YES, WERE FINDINGS CONS DERED IN CERTIFYING CAUSES OF DEATH? 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 TIME OF INJURY 216 HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) 199 1	,	Chmor									n I wo	nal	
Cause of Ceath Hour AM P.M. Hour Am Hour Am Hou	(UII)	19a DATE OF OPER						out Diz,	20b IF YES, WERE	FINDINGS CO	INS DERED I	N CERTI	FYING
Cause of Ceath Hour AM Month Day Year 19 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State County	TEFIC						YES 🗆	NO 🗍	CAUSES OF DEATH	?			
White Nor while at wark 22a. I certify that (I) (MKKMSSKN) attended the deceased from 1965, 19, ta 6/6/68, 19, that (I) (MKKMSSKN) attended the deceased from 1965, and that in (my) iox topinian death accurred an the date and hour and from the causes stated above, (I) MKKMSSKN) attended the deceased from 1965, and that in (my) iox topinian death accurred an the date and hour and from the causes stated above, (I) MKKMSSKN) attended the deceased from 1965, and that in (my) iox topinian death accurred an the date and hour and from the causes stated above, (I) MKMM (I) (Idd MKMM) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED 22c. DATE SIGNED 22d. PHYSICIAN S P	CER	210 ACCIDENT W	AS UNDERLYING	216 TIME OF INJU	JRY	21c	HOW INJURY OCCURRED	(Enter natu	ure of injury in Part	ar Port 2, It	tem 18.)		
White Not wis le at wark 22a. I certify that (I) (FEXESSES) attended the deceased from 1965, 19, ta 6/6/68, 19, that (I) (VEXESSES) as we the deceased alive an 6/6/68 19, and that in (my) popular pinian death accurred an the date and hour and from the causes stated above, (I) (I) (I) (I) (II) (III) (III) (III) (III) (IIII) (IIII) (IIII) (IIIII) (IIIIII) (IIIIIIII	ICAL	OR CONTRIBUTING						,			,		
at wark at wark at wark 22a. I certify that (I) (**********************************	MED		JRRED 21e. PLACE				OCATION Street or R.I	F.D. Na.	City or Town		County		State
22a. I certify that (I) (PKKP35XX) attended the deceased from 1965, 19, to 6/6/68, 19, that (I) (PKKP35XX) attended the deceased from 1965, 19, and that in (my) portropinian death accurred an the date and hour and from the causes stated above, (I) (DIA) (did) (DIA) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED 22d. PHYSICIAN S (A PHYSICIAN S NAME (Type) Gilcin F. Meadors, M.D. 22d. PHYSICIAN S (A PHYSICIAN S NAME (Type) Gilcin F. Meadors, M.D. 22d. PHYSICIAN S (A PHYSICIAN S NAME (Type) Gilcin F. Meadors, M.D. 22d. PHYSICIAN S (A PHYSICIAN S NAME (Type) Gilcin F. Meadors, M.D. 22d. PHYSICIAN S (A PHYSICIAN S NAME (Type) Gilcin F. Meadors, M.D. 22d. PHYSICIAN S (A PHYSICIAN S NAME (Type) Gilcin F. Meadors, M.D. 22d. PHYSICIAN S (A PHYSICIAN S NAME (Type) Gilcin F. Meadors, M.D. 22d. PHYSICIAN S (A PHYSICIAN S NAME (Type) Gilcin F. Meadors, M.D. 22d. PHYSICIAN S (A PHYSICIAN S NAME (Type) Gilcin F. Meadors, M.D. 22d. PHYSICIAN S (A PHYSICIAN S NAME (Type) Gilcin F. Meadors, M.D. 22d. PHYSICIAN S (A PHYSICIAN S NAME (Type) Gilcin F. Meadors, M.D. 22d. PHYSICIAN S (A PHYSICIAN S NAME (Type) Gilcin F. Meadors, M.D. 22d. PHYSICIAN S (A PHYSICIAN S NAME (Type) Gilcin F. Meadors, M.D. 22d. PHYSICIAN S (A PHYSICIAN S NAME (Type) Gilcin F. Meadors, M.D. 22d. PHYSICIAN S (A PHYSICIAN S NAME (Type) Gilcin F. Meadors, M.D. 22d. PHYSICIAN S (A PHYSICIAN S NAME (Type) Gilcin F. Meadors, M.D. 22d. PHYSICIAN S (A PHYSICIAN S NAME (Type) Gilcin F. Meadors, M.D. 22d. PHYSICIAN S (A PHYSICIAN S NAME (Type) Gilcin F. Meadors, M.D. 22d. PHYSICIAN S (A PHYSICIAN S NAME (Type) Gilcin F. Meadors, M.D. 22d. PHYSICIAN S (A PHYSICIAN S NAME (Type) Gilcin F. Meadors, M.D. 22d. PHYSICIAN S (A PHYSICIAN S NAME (Type) Gilcin F. Meadors, M.D. 22d. PHYSICIAN S (A PHYSICIAN S NAME (Type) Gilcin F. Meadors, M.D. 22d. PHYSICIAN S (A PHYSICIAN S NAME (Type) Gilcin F. Meadors, M.D. 22d. PHYSICIAN S (A PHYSICIAN S NAME (Type) Gilcin F. Meadors, M.D. 22d. PHYSICIAN S (A PHYSICIAN S NAME (Type) Gilcin F. Meadors,		White Not w	1.6	/ OFFIC	E BUILDING ETC	/			,		,		
causes stated above, (I) (Act (did) (Act (act)) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED 22c. DATE				(Sol) attende	d the decease	d from	1965	19	. ta 6/6/6	58 . 19	. th	nat (i)	(v.6) (n
causes stated above, (I) (Add (Chara) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED 22c. DATE SIGNED 22c. DATE SIGNED 3 DEGREE PHYS 22c. DATE SIGNED 3 DIRECTOR 3 DIRECTOR 3 DIRECTOR 3 DIRECTOR 3 DIRECTOR 3 DIRECTOR 4 DIRECTOR 5 TAFF 5 DIRECTOR 6 DIRECTOR 7 DIRECTO	П	saw the	deceased alive o	6/6/6	8	9	nd that in (my) jos	ppinian	death accurred	an the dat	e ond ho	ur and	d from th
DEGREE PHYSICIAN S Gilcin F. Meadors, M.D. 22d. PHYSICIAN S Gilcin F. Meadors, M.D. 22d. ADDRESS DIRECTOR DIR		canses s	ated above, (I) 1	(did) (ato	আর) view the b	ody after	death.						
22d. PHYSICIAN S NAME (Type) Gilcin F. Meadors, M.D. 23a BLRIAL CREMAT ON, PEMOVAL (Specify) June 8, 1968 Jount Olivet Cemetery Frederick Frederick Md. 23a BLRIAL CREMAT ON, PEMOVAL (Specify) June 8, 1968 Jount Olivet Cemetery Frederick Frederick Md. 24 FUNERAL DIRECTOR 25a REGISTRAR 25b REGISTRAR 5 SIGNATURE	L	22b. SIGNATURE	Lang.		()	ATTENDING :	- MFD	STAFE				40
230 Burial Cremation, 23b Date 23c Name Of CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) PEMOVAL (Specify) June 8, 1968 Jount Olivet Cemetery Frederick Frederick Md. 24 FUNERAL DIRECTOR 25b REGISTRAR SIGNATURE			2/1/0	1-1-01	Les Men		REE PHYS	DIRECT	OR PHYS		· · · · · · ·		
230 BURIAL CREMAT ON, PRINCE PROVIDE COUNTY PROPERTY OF CREMATORY PROVIDE COUNTY PROPERTY OF CREMATORY PROVIDE COUNTY PROPERTY OF CREMATORY PROVIDENCE PRO		22d. PHYSICIAN S NAME (Type)	Gilcin :	F. Mead	lors. M	.D.	BIO T	11 H	ouse Ave	. Fr	ederi	ick	. Ma
PEMOVAI (Specify) June 8, 1968 Mount Olivet Cemetery Frederick Frederick Md. 24 FUNERAL DIRECTOR ADDRESS FALLS 250 RECD BY REGISTRAR 256 REGISTRARS SIGNATURE													
24 FUNERAL DIRECTOR 250 REGISTRAR 250 REGISTRAR SIGNATURE .	230	BURIAL, CREMAT (70/0					, ,	,			
24 FUNERAL DIRECTOR LITTURE ADDRESS 250 REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE	L											Î	ad.
	24		Wirel	7	ADDRESS:	1 ad	25g	REC'D BY REC	GISTRAR 25b. 7 1969				a dise *

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 shauld be detached for use as the burial-transit permit. Then plauser emoye carban papers. Possbauld be filed with the State Dept of Health prior to burial, cremation, ar remayal, and in app event, within 72 hours. Page 4 may be retained by the haspital ar attending physician.

> VR (15) 30M REVIOL





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2g. DATE OF DEATH 2b. HOUR DECEASED-NAME First 24 haurs after death (Type or print) MARY KRAMER IF UNDER 24 HRS. 4 RACE S. DATE OF BIRTH 6. AGE (In years IF LINDER I YEAR 3. SEX lost birthday) HOURS WHI 9. COUNTY OF DEATH 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED T NEVER MARRIED country) Frederick WIDOWED DIVORCED [U50 CHECAD 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 12b KIND OF BUSINESS OR give street oddress) during most of working life, even if retired) INDUSTRY etely Frederick 13o. USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13e. STREET AND NUMBER 13c CITY OR TOWN 136. INSIDE CITY LIMITS? requires that the death certificate be executed odmission) STATE 19 East Church Street YES - NO -Frederick M. ddle 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME First Middle Lost CHOBOCKY OSPHINE 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (If yes give war at dates of service) Yes, no. ar. unknown) MRS ANNH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c)) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) signed by the burial-transit p Conditions, if ony, which gove) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying causes PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED 30 THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been 20a. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? YES 🔲 NO.K Health g 21g ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, not fy medical examiner) (AT HOME FARM STREET, FACTORY) 21f. LOCATION Street or R.F.D. No. 21d NUURY OCCURRED 21e PLACE OF INJURY State County City or Town While Not while 22a. I certify that (I) (this hospital) attended the deceased from Africa , 1966, to 1968, that (I) (we) last saw the deceased alive an 1968, and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did nat) view the bady after death 22c DATE 5-GNED 22b. SIGNATURE ATTENDING MED DIRECTOR June 3,1968 DEGREE 22d. PHYSICIAN'S 22e ADDRESS N. Market Street, Frederick, Md. B. O. Thomas, Jr. M. D. 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) (County) 23a BURIAL, CREMATION REMOVAL (Specify)



FOR S	TATE		Item2a,FilmG40	ON OF VITAL I	CAL EXAM	w. presto IINER'S C	N STREET, BA ERTIFICAT	LTIMORE, MARY E OF DEATH	LAND 21201	46%		+ 0
HEALTH	DEPT.	1	DECEASED NAME	irst	Midd		Lost		20 DATE KNO	WN Month	Doy Year	2b. HOUF
0 0 a	70		(Type or Print) CHAI	RLES	JOHN		KUNZ		OF EST DEATH MAT	ED KI Ju	ne 14 196	8
delay is and 3 to 13. Pogé	ent	3	SEX 4 RACE	S DATE OF B	IRTH	6 AGE (n years	IF JAIDER 1 YEAR		2c DATE PRON	OUNCED DEAD		2d HOUI
y del and PM3.	E	1	Male White	Feb.6	, 1896	ast birthday)	MONTHS DAYS	HOURS MIN.	June	14°	Year 1968	1:30
-5	BOAT		BIRTHPLACE (State or foreign	7b. CITIZEN OF V	HAT COUNTRY?		ARRIED NEVER!	MARRIED 7. CO	UNTY OF DEATH	r.		
- SS -	0		Pennsyluan:					TORCED	Frederic	K g		N
deoth e Poge with	8	11	CITY OR TOWN OF DEATH		NAME OF HOSPITA						126. KIND OF BUS	INESS OR
after deoth 8. Give Poges 1, along with form	ages land 2 with the	7	Frederick					ital d'Oper			ιφp	
afte : Gi	with	, 1	odmission) STATE Penn.	eosed lived, if first	tution: Residence Lycomin	before 13c CIT		13d. INS.DE CITY EM TS? YES NO X	13e, STREET AN	D NUMBER		
	42 v	× =		Midd								
24 hours in Item 3 rs Office	of ter	11	FATHER'S NAME First Fred	Mileo	Kunz	Lost	15. MOTHER 5 N	MAIDEN NAME First Unknown	Ť	Middle	lost	
	haurs	1/	o WAS DECEASED EVER IN U.S. ARM	EN SAPECO	16b. SOCIAL SEC	LIPITY NO.	17 INFORMANT	Unknown		ADDRESS		
be executed within 'pencil		- ["		give war or dates of service)	240-67-			a R. Kunz			sylvania	
d wi	File n 72	-	1B. CAUSE OF DEATH (Enter	anly and source ass						7	APPROXIMATE	
rould be executed word 'pending' i the Chief Medical	ansit permit. F event within	-	PART I. DEATH WAS CA	JSED BY	Cercles	al L	DALADI	chase 4	Richt	Marsin	BETWEEN ONSET	AND DEATH
e execut pending" ef Medico	peri	-	431:1	(DIATE CAUSE (o) DUE TO . C	OR AS A CONSEQUE	NCE OF		3)	7	r locaro		
pe e	ınsif ever		Conditions, if ony, which go	e) (b)								
	-tra		rise to immediate couse (a stating the underlying cou	PULL TO 4	R AS A CONSEQUE	NCE OF						
	ouriol-tra in any e		lost.	(6)								
	ies. should be used os a buriol-transit permit. File Itian, or removol, and in any event within 72		PART 2 OTHER SIGNIFICANT C	INDITIONS CONTRIBE	TING TO DEATH B	UT NOT RELATED	TO THE TERMINAL	L DISEASE OR CONDET	ION GIVEN IN PAR	eT i(o)		··
This certificate cate, writing the be forwarded to	0, 0	- ;	331)									
wri	novi		190. DATE OF OPERATION		196. CONDITION WAS PERF	FOR WHICH OF	ERATION				20. AUTOPSY	
	be t	/										NO 🗌
	your tires. 'oge 3 should be used os a b crematian, or removol, and			G T 216. TIME C	DE INJURY Month, D A.M.		21c HOW INJURY	OCCURRED (Enter not	ture of injury in P	ort 1 or Port 2,	Item 1B.)	
- C	sho sho Itiar	101/21	CAUSE OF DEATH	e_PLACE OF INJURY	P.M.	19	211, LOCATION Stre		7. *			
the	ur † ge 3 emc	1	WHILE MOT WHILE	foctory, office build	ing, etc.)	street,	ZIT. LUCATION STRE	HET OF K P.U. NO	City or To	wn	County	etot2
EXAMINER: cute the cert age 4 should	8		AT WORK AT WORK	trada da sala	al . 1 1		1 (1 1	. 1767				
CAL exer	urio E		22a. I certify that						spection,			y apinia
Sic ecto	PEC o b		deoth resulted fram	: Natural ca	uses 🔼, A	ccident,			_	uned monner		
pres	er er		ACTUAL ACTUAL	TYN .	duar			:HIEF MEDICAL EXAM! ISSISTANT MEDICAL E)		22h DAT	E SIGNED	
UTY.	P P		SIGNATURE (CALLE)		TURK			EPUTY MEDICAL EXAM			me 14, 19	168
O DEPUTY necessory, if the funeral	SE E)	EXAMINER'S NAME (Type) Dr. Ro	bert J.	Thomas			DDRESS(Street, city, i				land
TO DEPUTY necessory, the funer	S moy be retoined for your the FUNERAL DIRECTOR: Poge 3 Heolth prior to buriol, cremo	1		3b DATE	1 23c. NA	ME OF CEMETER	y OR CREMATORY 11 Crema		d LOCATION (Ciry Wilkesb			tote) enn.
		-	4. FUNERAL PROCESSION	10 17	00 111	ADDRESS	II OI OIIIG	250 REC'D BY R		25b REGISTRAR		
	A15ME (5)	- 1	Robert E. Dai	Tackey	Frada		Maryland	1	6			
	REV 1/68		Toner F. Dal.	23-4/001	rrede	TICK	aryrand	DATE JUN	7 3 1968	2 year	way Jud	بائد.

MARYLAND STATE DEPARTMENT OF HEALTH

į t 1 1

DICAL EXAMINER:

TO DIPUTY

5 may be retained far yaur files.

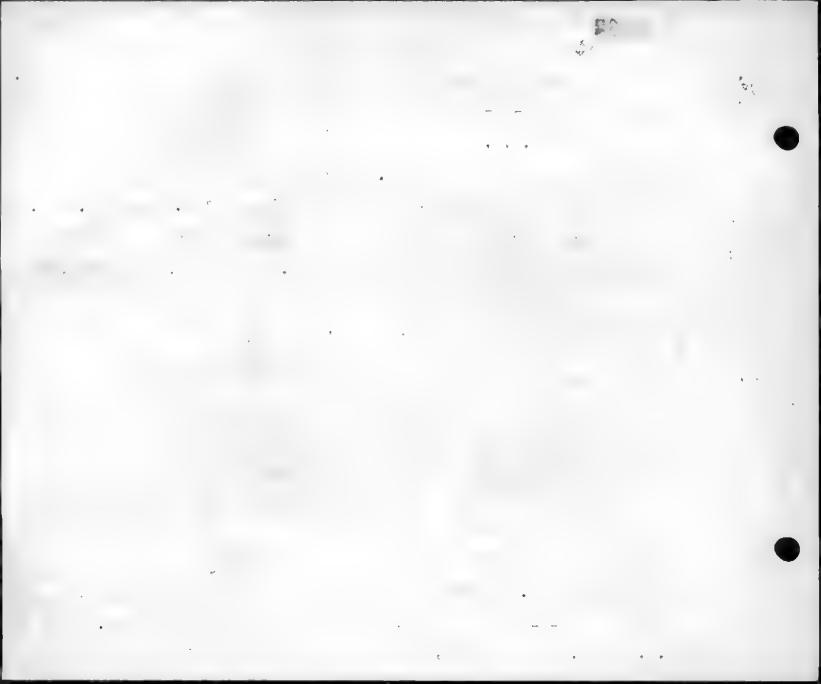
VR A15ME (3)

Hicks, 111 Frederick, Md

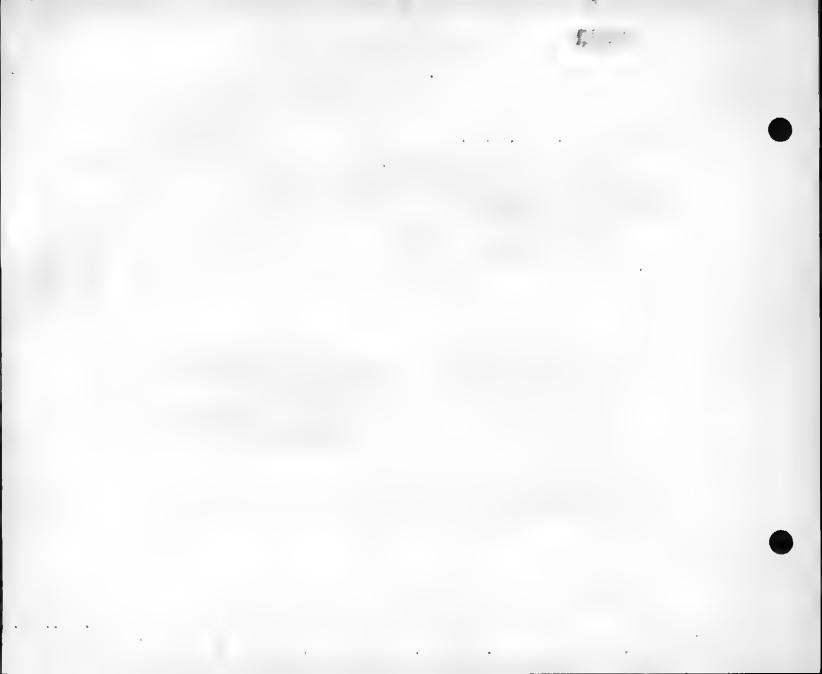
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	3 C 20 O	<i>1</i> 5	MEDIC	AL EXAM	LINER'S	CERTIFICATI	OF DEAT	TH			,	é
	CEASED NAME (pe or Print)	First		Midd	lie	last		20 DATE	KNOWN K Manth	Doy	Yeor	26 HOUR
(1)	the or time,	Carri	· Pric	illa	Weed	on Lee		DEATH	MATED X 6	3	19 6	8 A.
3. SE)	(4. RACE	5. DATE OF BIR		6 AGE (In years	s IF UNDER 1 YEAR	IF JNDER 24 H	Zt DAIL	PRONOUNCED DEAD			2d HOUR
Til .	mele	Negro	3-27-	1908	lest birthday) 60 YI	RS MONTHS DAYS	HOURS	6 Month	3 Day	Yeo	1968	5a N
7o BI	RTHPLACE (State	e or foreign	7b CITIZEN OF WH			ARRIED NEVER N	ARRIED 7	COUNTY OF DE	ATH			
COunt	ry)	1 4	U.S.A.			DOWED T	VORCED TO	3	erick			M
10. (1	Mary Y OR TOWN O	E DEATH	U.D.R.	AME OF HOSPITA		ON (if not in hospit		1,100	(Kind of work done	1126 KIF	ND OF BUSI	
				treet address)			during me	ast of warking i	ife, even if retired)			1233 01
122	ederi	ck	ed lived, if institu	A' DI	31 S.	Bentz S	Ja enside (TV JM.)	O 1120 CTPEE	T AND NUMBER	1 1	***	
	mission) STATE											
-		Md				ederick			S. Bent:	z_St	Fre	d.Md
14 FA	THER'S NAME	First	Middle		last	IS. MOTHER'S M	AIDEN NAME	First	Middle		Lost	
L		orge	Henry		don		Laur	a J	ane	Wo	øđ	
16a W	AS DECEASED EV	/FR IN U.S. ARMED I		166 SOCIAL SEC	URITY NO	17. INFORMANT			ADDRESS			
Ne	s, na, ar unknav	411) (a kaz disa	wor or dates of service)	None		Gerald	I.Jac	kson R	t 8 Bred	deri	ck. M	d
	1B CAUSE OF	DEATH (Enter on	y ane couse per li	ne for (a), (b), c	and (c).)	- \	- A	٠ ٨		1	APPROXIMATE TWEEN ONSET	INTERVAL
	PART I. D	DEATH WAS CAUSED) BY	(on	1/	we Hear	1 Ha	elle		01	TWEET ONSET	MAD DESTR
	412	IMMEDIA	TE CAUSE (o)	AS CONSEQUE	01/-0		. ,					
	Conditions, if o	any, which gave)		AS A CONSTON	not of	O. ste	LA	menter	reserved			
	rise to immed	liate cause (o).	(b)	AS A CONSEQUE	ALA DO	Lewis	A .	7 00 00 0				
	stating the ur lost.	nderlying couse	DUL IU, UK	AS A FUNSPULL	INCE OF	Heart	120	Man.				
		,	(c)			(4 /						
1 1	PART 2. OTHER		ITIONS CONTRIBUTI	ING TO DEATH B	UT NOT RELATE	D TO THE TERMINAL	DISEASE OR CON	DITION GIVEN IN	I PART I(o)			
CERTIFICAT ON	19a DATE OF C			19b. CONDITION	FOR WHICH O	PERATION				26	a. AUTOPSY	?
FICA				WAS PERF	ORMED?						YES 7	NO 🗔
	21a EXTERNAL	CALSE WAS	216 TIME OF	INJURY Month, D	lay Year	21/ HOW INTERV	OCCUPRED (Enter	notize of invite	in Part 1 or Part 2,	Item 183	ILS LECT	110
	PRIMARY O	R CONTRIBUTING	HOUR A.	M.		210 HOW HEIGHT	occounts finisi	nature of injury	III FOR 1 OF FUN 2,	neni ib.j		
MEDICAL	CAUSE OF DEAT		P.J		19	ALL LOCATION C	A - A D C D AV					£1 .
~			PLACE OF INJURY (/	us name, totm, : g, etc.)	street,	21f LOCATION Stree	er of K.r D. No	City	or Town	Count	ту	State
	WHILE N	AT WORK										
П	22a	certify that I to	ook chorge of th	he remains di	escribed aba	ive, held on Au	tapsy 🚺	Inspection [, Inquiry [], o	nd in my	opinion
1	death re	splied from:	Natural cous	ses 🔽 A	ccident .	Suicide .	Hamicide	Undet	ermined monne			•
		1.10 1	1-001			-	HIEF MEDICAL EXA					
	ACTUAL	11 The		LAMA	2-		SSISTANT MEDICAL		22b, DA1	TE SIGNED		
	SIGNATURE	100100	750	9 000			EPUTY MEDICAL E	-	0	1428	a 1	968
	EXAMINER'S NAME (Type)	Dakana	T UTTO S	100 m et			DDRESS(Street, cit	_	Ity) arm 7			1-5-0
230	BURIAL CREMA	Robert	J. Tho		ME OF CEMETER	RY OR CREMATORY			1 1 1 1 1			
_	REMOVAL (Spec	rfy)				KI OK EKEMATUKT		23d LOCATION		(County)	,	ate)
	Burial	6-6	5-1968	Hor	ehill		DC- 0000 0		hill Fr		Md	
	FUNERAL DIRECT		- D		ADDRESS		2So REC'D B	184 6 1	1968 REGISTRAN	a signatul	RE CAL	das
IC.	H. Hi	CKE	Frade	mick. N	na		DATE	· 1 · · · · · ·			V / "	A

DATE



MARYLAND STATE DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH

Middle Lost 20. DATE OF DEATH 26 HOUR a DECEASED-NAME First (Type or print) Month 27 Day 1968 al Francis McKenzie 7:05 M June 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF LINDER 24 HRS. last birthday) HOURS Sept. 21-1890 Male White 7b. CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 8. MARRIED TANEVER MARRIED country) U. S. A. Frederick DIVORCED | Md. WIDOWED [ID CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspitol 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street address) during most of working life, even if retired) automotive mechanic INDUSTRY Frederick rederick Mem. Hospital auto 13a, USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13e. STREET AND NUMBER 13c CITY OR TOWN I3d. INSIDE CITY LIMITS? admission) STATE 13b. COUNTY 24 S. Market St. NO [rederick Frederick Md. 14. FATHER S NAME Eirst Middle. Last IS MOTHER'S MAIDEN NAME First Middle Last Elizabeth Levris McKenzie Compher James Frederick-id. 16b. SOCIAL SECURITY NO 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address Yes, na ar unknown) Mrs. Helen S. McKenzie-24 S. Market St. 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) BETWEEN ONSEL-AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE Conditions, if only, which gave) nse to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) CERTIFICATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES | KO DA 210. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 2)c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Dov Year (If either, natify medical examiner) P.M. 21d INJURY OCCURRED (AT HOME, FARM, STREET FACTORY) 21f. LOCATION Street or R.F.D. No 21e. PLACE OF INJURY City or Town County State While Nat while at work 22a. I certify that (I) (this haspital) attended the deceased from 19 L K saw the deceased alive an trace 2 1962 and that in (my) (aur) apinian death accurred on the date and have and from the causes stated above, (i) (ve) (did) (did nat) view the body after death. 226 SIGNATURE 22c DATE SIGNED June 28-1968 DEGREE DIRECTOR PHYS PHYSICIAN S WAME (Type) 22e ADDRESS Chase 804 Toll House Ave.-Frederick, Md.21701 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b DATE 230 BUR AL, CREMATION, (County) (Stote) REMOVAL (Specify) July 1-1968 St. John's Cemetery Frederick, Md. 21701 REC'D BY REGISTRAP

lease remave carban papers. Pages 1 and in any event, within 72 hours after requires that the death certificate be executed attending physician and permit. Then please rem permit. signed by the burial-transit p burial, crematic this certificate has been as the USE the haspital or far detached te Dept af ATTENDING O FUNERAL DIRECTOR: After be retained should director, page 3 shauld be filed v

and 2 death.

filled in by the se

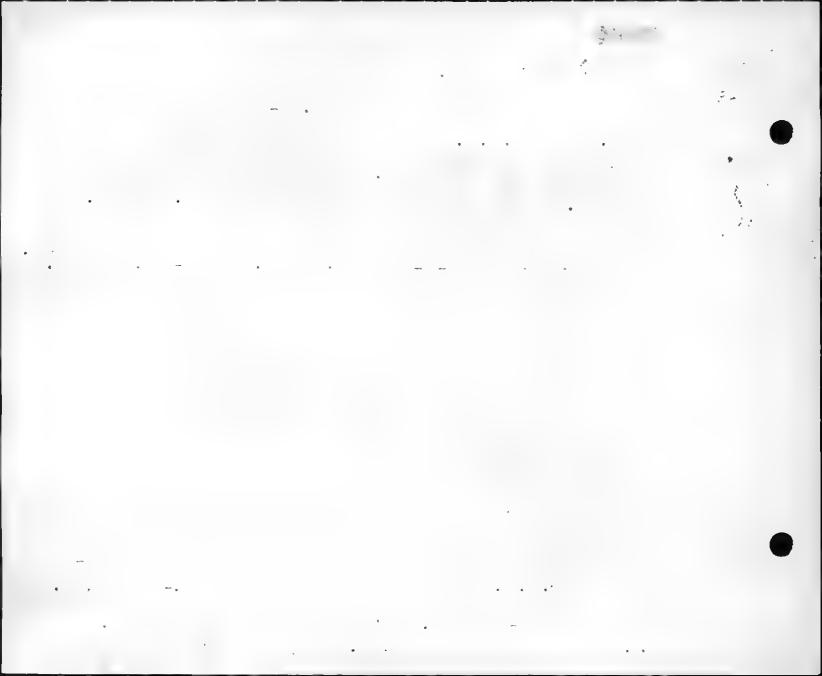
completely

ar remaval,

crematian,

9

30M REV



Page and 3 to with) the State Department of ny delay PM3. colong with form necessary, please execute the certificate, writing the word "pending" in pencit in Item 18. Give Pages 1 This certificate should be executed within 24 hours ofter death the funeral director. Page 4 should be forwarded to the Chief Medical Examiners O FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages prior to buriol, cremotion, or removal, and in any event within 72 DICAL EXAMINER:

hours

160

	- DIVISION	MARY OF VITAL RECOR	'LAND STAT IDS, 301 W. I					LAND 21201	
12	465	MEDICAL	EXAMINE	R'S CE	RTIFICA	TE OF DE	ATH		
DECEASED NAME	First		Middle		Los			20 DATE KNOWN Month	h Doy
(Type ar Print)	Mark		Edward		McNal	ly		DEATH MATED 12 6	12
SEX	4. RACE	5 DATE OF BIRTH		E (n years	IF UNDER 1 YE	2002		2c DATE PRONOUNCED DEAD	
Male	White	March 3.	1957 1	birthdey) YRS	MONTHS OA	YS HOURS	MIN	Month 6 Day	13 Year
BIRTHPLACE (Stat		CITIZEN OF WHAT CO	OUNTRY?	B. MAR	RIED NEVER	MARRIED	9 COU	INTY OF DEATH	
intry) Wastri	ngton D.	C. U. S.	A	WIĐC	OMED [DIVORCED [3,	rederick	
CTY OR TOWN O	EXTENSION OF	give street	oddress)	deric	k. d.	during	_most o	CCUPATION (Kind of wark dane f warking life, even if retired)	
	JUNITHOUGH.	$\ell \cap \ell \ell = \{\ell'\} \cup \{\ell'\} \cup \ell'$	L'oat M.	$\alpha \alpha $	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0 1	Jud.	PART.	1 (

		(Where deceased	l ved, if institution	Residence before .3c.	CITY OR TOWN	33d. NSIDE GTY LIMITS?	3e STREET AND NUMBER	
0	dm ssian) STATE	Md.	35 COUNTY M	ontgomerie	Wheaton	YES NO	11810 Goodlag K	201
14.	FATHER'S NAME	First	Middle	Last	1S. MOTHER'S M	AAIDEN NAME First	Middle	b,ha
	Wi	llian	9.	McNally		Berth	a P	
	WAS DECEASED EVER (es, no, or unknown) MO		CES? 161 or dotes of service)	b. SOCIAL SECURITY NO.	17. INFORMANT William	9. McNall	11810 Goodlo	e
		EATH (Enter only o TH WAS CAUSED BY IMMEDIATE	1	fap (a), (b), and (c))	ing			
	Conditions, if ony		DUE TO, OR AS	A CONSEQUENCE OF	mal 1	Temonh	age	
	stating the under		DUE TO, OR AS	A CONSEQUENCE OF			0	
	PART 2 OTHER SIG	SNIFICANT CONDITIO	NS CONTRIBUTING	TO DEATH BUT NOT REL	ATED TO THE TERMINAL	DISEASE OR CONDITION	GIVEN IN PART 1(a)	
×	11.							
CERTIFICATION	190. DATE OF OPE	RATION	191	b CONDITION FOR WHICH WAS PERFORMED?	H OPERATION			
3	210 EXTERNAL CA	JSE WAS	21b. TIME OF INJ	URY Month, Day, Year	21c HOW INJURY	OCCURRED (Enter nature	of injury in Part 1 or Part 2, Item	n 18

210 EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH 21b. TIME OF INJURY Month, Day, Year HOUR A.M. MEDICAL 12 1968 21e PLACE OF INJURY (At home, farm, street, factory, office building, etc.) 21d. INJURY OCCURRED WHILE AT WORK AT WORK 22a | certify that I took charge of the remains described above, held an Autopsy

21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)

21 LOCATION Street or RED No. County

Inspection

	resulted from	Natural causes [],	Accident 🔀	Suicide [_],	Ho
146	Tober)—(M)			CHIEF	ME
ATURI	114 rea	Allou	100	M.D	ASSIST	IAN

EDICAL EXAMINER IT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER & RESS(Street, city, town, or county)

micide

22b PATE SIGNED	. 7	19
June	75	11
	,	

NAME (Type) BURIAL, CREMATION REMOVAL (Specify)

EXAMINER'S

ACTU

SIGN

23b DATE

23d LOCATION (City or Town)

Undetermined manner

Inquiry

REGISTRÄR'S SIGNATURE

(County) (State)

2b. HOUR

2d HOUR

Yeor 1968

KIND OF BUSINESS OR

Morse

Road

20. AUTOPSY? YES T

and in my opinion

NO [T]

APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH

VR A15ME (5) 10M REV 1/68

5 may be retained for your

Health

O DEPUTY

DATE

1988 REGISMARS STENADAS

25a. REC'D BY REGISTRAR

DATE

death The low requires that the death certificate be executed within 24 hours the attending physician and completely filled sit permit. Then please remove corbon pap and in ony event, with buriol, cremation, or removal, buriol-transit O FUNERAL DIRECTOR: After this certificate hos been signed ed tor use as the to of Heolth prior to b by the hospital or attending be detached for Poge 4 moy be retoined filed r, poge director, should

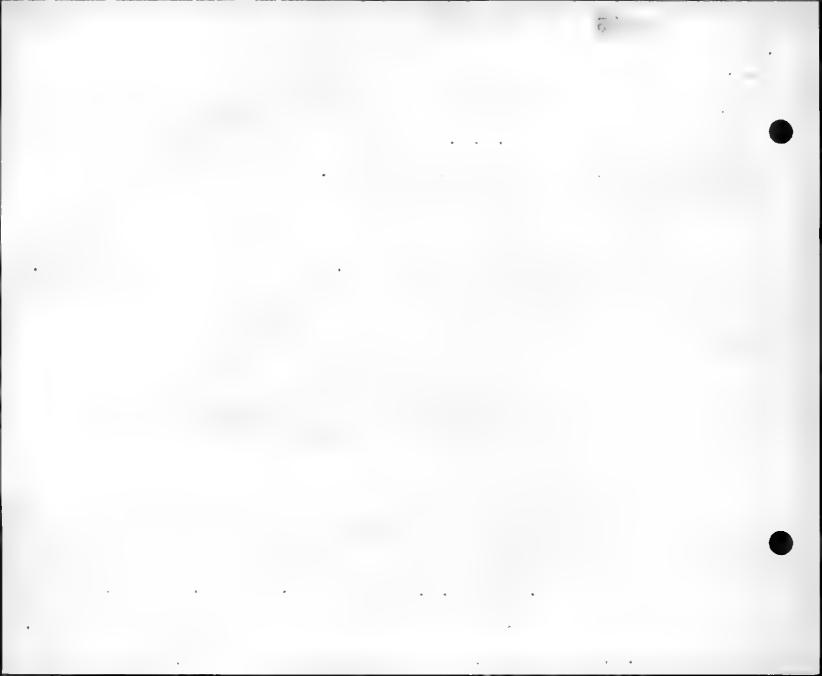
3. SEX

Suri à

24. FUNERAL DIRECTOR

Ltchison & Son Frederick.

VR A15 30M REV 168



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08467 08472 CERTIFICATE OF DEATH Last 2o. DATE OF DEATH DECEASED-NAME First Middle 2b. HOUR (Type or print) C. Ritter Ada June 6. AGE (In years 3. SEX 4. RACE S. DATE OF BIRTH HE LINDER ! YEAR IF UNDER 24 HRS HOURS last birthday) White August 18,1899 Female 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B. MARRIED NEVER MARRIED law requires that the death certificate be executed within 24 hou (ountry) West Virginia the attending physician and campletely filled in isit permit. Then please remave carban papers, nation, ar removal, and in any event, within 72 h. WIDOWED T DIVORCED [Frederick U. S. A. 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12c. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) give-street address) **INDUSTRY** Frederick 13o USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) STATE 12b, COUNTY 12b C burial, crematian, ar removal, and in any event, 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER YES 🔚 514 Pearl Street Frederick 14 FATHER S NAME First Middle IS, MOTHER'S MAIDEN NAME First Greenawalt Josephine Lough George 166 SOCIAL SECURITY NO. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Sr. Address Frederick. Yes, no, or unknown) 10 9510 Dr. James Underwood, 514 Pearl St. burial-transit permit. DUE &B. OR AS A CONSEQUENCE OF Conditions, if any, which gove) rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been as the 2Db. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? CAUSES OF DEATH? YES 🔲 NO TA 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) þ OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Month Doy Year PM (AT HOME FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D No 21d. INJURY OCCURRED 21e PLACE OF INJURY County State City or Town While Not while of work 22a. I certify that (I) (this hospital) ottended the deceased from 1957, ta 6-13-, 1968, that (I) (we) last saw the deceased alive an 6-6-19-19-10 and that in (my) (aur) opinion death accurred on the dote and hour one from the be retained director, page 3 should should be filed with the causes stated abave, (I) (we) (did) (did not) view the bady ofter death. 22b SIGNATURE 22c DATE SIGNED MED DIRECTOR STAFF PHYS \mathbf{y} June 14,1968 DEGREE PHYS 22d. PHYSICIAN S 22e ADDRESS NAME (Type) 220 N. Market St. Frederick, Maryland Rex R. Martin, M. D. should 23h DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23o. BURIAL, CREMATION, (County) REMOVAL (Specify) Mount Olivet Cemetery June 17,1968 Frederick Frederick-\$68 EGISTRINES SOMMEN ADDRESS Fadeler 25o. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR

M. R. Etchison & Son, Frederick, M.



ż

MARYLAND STATE DEPARTMENT OF HEALTH

116468

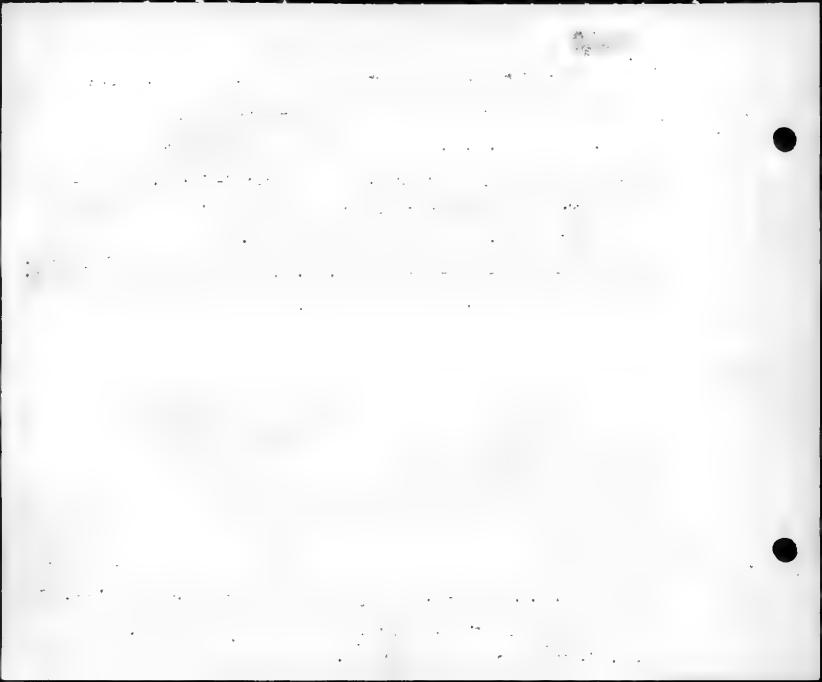
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

1113

		First	Middle		Last		2a. D	ATE OF D			2b.	HOUR
(I	ype or print)	William	Randolph	Schil	dknech	t	Juli	ine	Month 10	1968 Year		N
3 SE	X	4 RACE			S. DATE OF BI		100		AGE (in years	IF LADER YEAR	IF UNCER	R 24 HRS.
	Male	Wh	ite		July	31- 19	11 /.	-	iast birthday)	MONTHS DAYS	HOURS	MIN
7o. E	IRTHPLACE (State or foreign	76 CITIZEN OF W		B. MADDIED F	NEVER MAR			NTY OF D				_
coun	Md.			WIDOWED		KIED [
10 (ITY OR TOWN OF DEATH	111.1	S. A. IAME OF HOSPITAL OR INS	"	_				rick	126, KIND O	CONCINC	Mo
		give	street address)						e, even if retired		L BOSINES:	3 UK
	rederick	5	13 Magnoli	a Aven	ue	Offi	cial	-I.im	e Co.			
	USUAL RESIDENCE (Where de ssion) STATE	ceased lived, it institu 13b. COUNTY	tian. Residence before	13c. CITY OR	TOWN	13d. INSIDE CITY L			T AND NUMBER			
	MG*	105. 100.11	Frederick	Frede	rick	YES N	٠	513	Magnoli	a Avenu	9	
14. F	ATHER'S NAME First	Middle	Last		MOTHER'S MA	AIDEN NAME I	First		Middle		lost	
	Roy	C.	Schildkn	echt			A.		Sophia	Be	ntz	
16a	WAS DECEASED EVER IN U.S.	ARMED FORCES? give war or dates of service)	16b. SOCIAL SECURITY I	NO. 17. 11	FORMANT				Address	Frederi	ok_M	a
ĭ	es, no, ar unknawn) (If yes (BARE AUDI OL GOARS OF SELAKE)	214- 10-	1612 M	rs. Wm	R. S	chil	dkne	cht-513	Magnoli	or—m	e.
	18. CAUSE OF DEATH (Ente.	r only one cause ner l								APPROX	ONSET AND	VAL
	PART I. DEATH WAS CA	USED BY	Corona		mont	3-111				BETWEEN	OMPET WHO	DEATH
	III - IMM	EDIATE CAUSE (o)		9	(10317						
	Conditions, if any, which go		AS A CONSEQUENCE OF									
	rise ta immediate cause (a) (b)	Typert	m)1m								
	stating the underlying cou	DUE TO, OR	AS A CONSEQUENCE OF									
	last.] (c)										
	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIB	JTING TO DEATH BUT N	OT RELATED TO	THE TERMINAL	L DISEASE OR	CONDITIO	IN GIVEN I	N PART 1(a)			
25	7											
CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WI	HICH OPERATION WAS PE	RFORMED	20o. AUTO	PSY?			S, WERE FINDINGS	CONSIDERED IN	ERTIFYIN	G
THE					YES 🗌	NO 🐷]	CAUSES O	F DEATH?			
	21a. ACCIDENT WAS UNDER			21c HO	W INJURY OCC	URRED (Ente	er nature	of injury	in Part 1 or Part :	2, Item 18.)		
MEDICAL	OR CONTRIBUTING CAUSE OF (If either, notify medical ex-		Manth Day Year									
	21d. INJURY OCCURRED		(AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.		CATION Stree	t or R.F.D. No),	City or	Town	County	9	State
	While Not while at work		OFFICE BUILDING, ETC.	1						,		
	220 I certify that (I)	(this bassital) att	anded the decense	ad from	1466	0 19		to		9 68 tha	- / IV / Sun	عما احد
	22o. I certify that (I) saw the deceased	alive an	1ay 20 1	9 6 ond	that in (m	v) (aur) ap	ınion d	eath ac	urred on the	date and hour	and fro	om the
	couses stated ab	ove, (I) (we) (did)	(did not) view the	body after d	eath.	// (/					-110	
	22b. SIGNATURE	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			4.77	10 1	uch			c. DATE SIGNED		
	(1 austin	1 Peans	DEGRI	E PHYS.	Mark Di	MED DIRECTOR		STAFF DJU	ne 11-1	968	
	22d. PHYSICIAN'S	4	9)	22e. ADD			-				
	NAME (Type) Dr.	A.A. Pea	rre-Jr.		804	Toll	Hous	e Av	eFrede	rick-Md.	.2170	01
23n		3b. DATE	23c. NAME OF	CEMETERY OF					(City or Town)		(Stote	
D	DEMONTAL (Condition)		68 Mt. Oli						ick, Md.		(31016	7
24.	FUNERAL DIRECTOR 40.	une 1)-17	ADDRESS	Whit	metery	2So. REC'D P	BY REGIST	TRAR.	256 REGISTRAL	& SIGNATURE		
- /-	M. R. Etchis	son & son	Freder	ick. M	d.	DATE J	UN	121	SES REGISTRAL	warring)	0	~
	THE THE PLANTING	AATE OF PION	LIOGET	The INC.	V4.0	DAIL O	40.11		1 6/	1/	-	

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after Page 4 may be retained by the haspital ar attending physician. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled indirector, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers shauld be filed with the State Dept. of Health priar to burial, crematian, ar remaval, and in any event, within 7 h VR A15 (4) 30M REV 1.4



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 per telep. convor. CERHATOATE OF DEATH Middle 1. DECEASED-NAME First 20 DATE OF DEATH 2b. HOUR death. Mont/Simmonds puo Manth 28 (Type or print) Arthur Day 1968 or June 7:20 m 3. SEX 4. RACE S. DATE OF BIRTH AGE (In veors IF UNDER I YEAR IF HADER 24 HRS. by the f HOURS last birthday) White 9-22-1902 Male 9 COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (State ar fareign 8. MARRIED [2]- NEVER MARRIED country) U. S. A. Trederick WIDOWED [DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol 12a USUAL OCCUPATION (Kind of work dane 12b KIND OF BUSINESS OR during most of working life, even if refired.) give street address) Frederick corbon With Frederick Mem. Hospital Die Jo. completely event. 130. USJAL RESIDENCE (Where deceased fixed, if institution; Residence before 13c CITY OR TOWN 34 INSIDE CITY GARTS? 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY 135 W. 3rd. St. Frederick Frederick remove requires that the death certificate be exed and in any 14 FATHER'S NAME Middle First Middle 15. MOTHER S MAIDEN NAME First puo Last Simmonds Snovell Marv Ellen George pleose Simmondaldress 16b SOCIAL SECURITY NO. 17 INFORMANT Frederick-Lid. 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown)
Unknown (If yes give wor or dates of service) 64/2066-135 W.3rd.St.or removal, Mrs. Catherine E. 213-18-8168A the ottending phys APPROXIMATE INTERVAL IB. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) cremotion, DUE TO, OR AS A CONSEQUENCE OF signed by the buriol-transit p Canditions, if any! which gave) rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying causes PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART .(a) has been Φ ₽ 190. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES K.K. NO 🗔 certificate 21p. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) ATTENDING PHYSICIAN: 21b. TIME OF INJURY þ OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. 210. PLACE OF INJURY (AT HOME FARM, STREET FACTORY 1 21f COCATION Street at R.F.D. No. 21d. INJURY OCCURRED City or Town County Stote While Not while at work at work O FUNERAL DIRECTOR: After 22a. I certify that (I) (this hospital) attended the deceased fram _ 1955, to_ 6 - 28, 19 6x, that (1) (we) last saw the deceased give on 6 18 1968, and that in (my) (our) opinion deoth occurred on the date and hour and from the be retained or, page 3 should dbe filed with the causes stated above, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR June 28-1968 **L**BEGREE 22d PHYS CIAN 22e. ADDRESS NAME (Type) 220 N. Market St. Frederick, Md.21701 Dr. Rex R. Martin directo 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23o BURIAL CREMATION 23b DATE (County) (Stote) - REMOVAL (Specify) July 2-1968 Mt. Clivet Cenetery Frederick, Md. 21701 24. FUNERAL DIRECTOR Elwood 250. RECD BY REGISTRAR 25b, REGISTRAR'S SIGNATURE ADDRESS 7 Milimore M.R.Etchison & Son Frederick, Md.21701 Minulas 1968 30M REV.

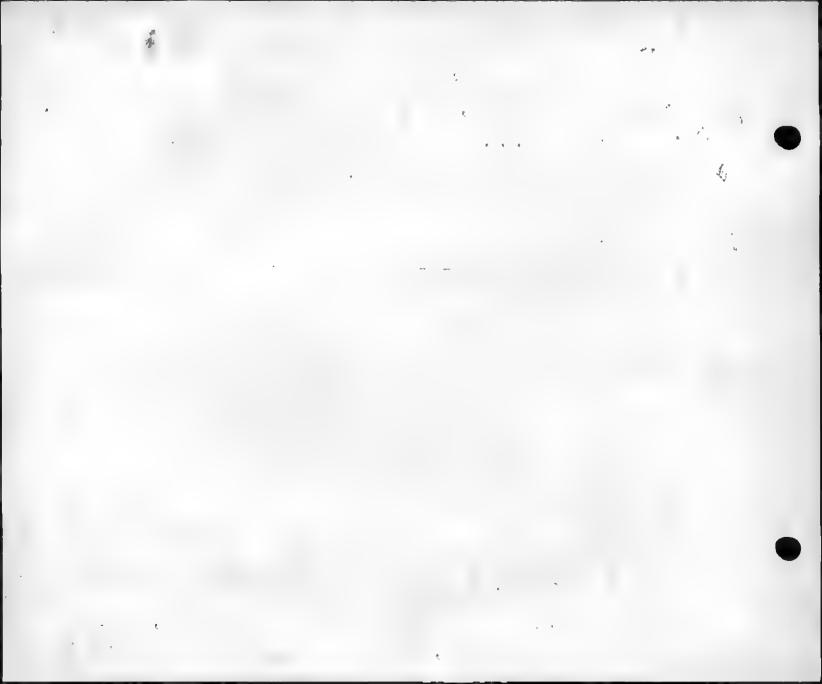


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1 DECEASED-NAME Middle 20. DATE OF DEATH Last 2b. HOUR **ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 havrs after death after death (Type or print) the funeral 3. SEX 6 AGE (In years IF JNDER last birdigavi DAYS MONTHS HOURS 7p-BIRTHPLACE (State of foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED T NEVER MARRIED WIDOWED T DIVORCED [10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b KIND OF BUSINESS OR aiveistreet address) INDUSTRY warking life, even if retired) carban W in any event, 130. USUAL RESIDENCE (Where deceased fived of institution; Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER YES 7 NO T 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First and 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. INFORMAN Address Yes, na, or whknown) burial, crematian, ar remayal 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) signed by the attending PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any/which gave) burial-transit rise to 1m mediate cause (a). be retained by the haspital ar attending physician. stating the underlying couse(DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) be detached far use as the State Dept. of Health priar ta TO FUNERAL DIRECTOR: After this certificate has been CERTIFICATION 19o, DATE OF OPERATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? YES 🔲 NO [21a. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED State City or Town County While Mat while at work 22a. I certify that (I) (this hospital) attended the deceased from the saw the deceased alive an 100 29 19 60, and that (I) (my) (our) opinion death accurred on the date and hour and from the director, page 3 shauld should be filed with the causes stated abave, (1) (well (did) (did not) view the bady after death. 22b. SIGNATURE 22c DATE SIGNED MED. DIRECTOR ATTENDING STAFF PHYS DEGREE PHYS. 22d. PHYSICIAN'S NAME (Type) 22e ADDRESS BURIAL, CREMATION, (Stote) VR A15 (4) 30M REV 1/68



VR A15ME (5)-10M REV 1/68

B	tems 18	22a fil	I OF VITAL DE	ARYLAND ST			F HEALTH ALTIMORE, MA	RYLAND	21201		76	
	Item#2a	FilmG40	0 71 160	AE EXAMI		ERTIFICAT			vers 7		* 0	
Ī	DECEASED-NAME	First	1	Middle		Last			DATE KNOWN	Month		2b HOUR
	(Type or Print)	Grace		Cecelia	S	mith		0	OF ESTI-	June	28 168	N.
3	. SEX	4. RACE	S. DATE OF BIR	TH E	AGE (In years	IF UNDER 1 YEA		R\$. 2c. [DATE PRONOUNCED	DEAD		2d. HOUR
L	emale	White	April :	13,1916	52 YR) MUCKS N	protes.	Month June	Day 28,	Yeor 19 68	N
	o BARTHPLACE (Sto	te or foreign	b CTIZEN OF WH		8. M	ARRIED NEVER	MARRIED 7.	COUNTY	OF DEATH			
L	ountry) Mary	Land	U.S.A.			- AL.	IVORCED 🗌	Fre	derick			M
10	CITY OR TOWN (OF DEATH		AME OF HOSPITAL					TION (Kind of wo		2b KIND OF BLS NDLSTRY	INESS OR
	Emmi tsb						aul Rd mo	Hou	sewife	,	MDG3IKI	
11	3a USUAL RESIDER admission) STAT	NCE (Where deceos	ed lived, if institu	tion Residence b	efore 13c CII	Y OR TOWN	13d INSIDE CTY LIMITS		STREET AND NUM			
L		Md		rederic		<u>ii tsburg</u>	YES NO	×	DePaul			
14	4. FATHER'S NAME	First	Middle		Lost	15. MOTHER'S		First		dle _	Lost	
L		hn Doody					Her	nre tt			Brooks	
T	(Yes on or unknown	VER IN U.S. ARMED F	ORCES? var or dates of service)	16b. SOCIAL SECUR		17. INFORMANT	Farm	. 7	ADDRES		4	
F	No			216-18-	3965	Wallace	e F Smit	h Jr	2605 R	OSOLAT		
ı	18 CAUSE O	F DEATH (Enter onli	y ane cause per lu	ne far (a), (b), and	(()	A- '	1	1	. 0.		APPROXIMATE BETWEEN ONSET	
ı	O F		TE CAUSE (a)	Ceule	Con	gest we	. The	1 7	accur			
	750)5		AS A CONSEQUENC		de de la companya	- 3 - 4	_ 0 .		1		
	rise to imme	ony, which gave) diate cause (a), ((0)			tion, s	edative	15 00	tranqui.	IIZEL	8	
ı	stating the u	nderlying cause	DUE 10, OK	AS A CONSEQUENC	LE UF							
		,	(c)	NO TO BELLIA BUY								
Т	PART 2. UTHER	SIGNIFICANT COND			NOI KELAIE	D TO THE TERMINA	IL DISEASE OK CON	IDMION GIV	TEN IN PART I(a)			
Ī	190. DATE OF		contribu	19b. CONDITION F	US WHICH U	PERATION					20. AUTOPSY	12
	Tro. bale of	OI EIGHTON		WAS PERFOR		Charga					YES 🔯	NO 🗀
/ <u> </u>	190. DATE OF	CAUSE WAS	215 TIME OF	NJURY Month, Day	Year	21c HOW INTURY	OCCURRED (Enter	noture of	inuity in Part 1 a	Port 2 Ites	7-07	110
		OR CONTRIBUTING	HOUR A.I	W	19	2 1 2 1 1 0 W 1 1 0 0 K 1	occounts ferrior	ilarore al	injury in core i o	. 1 (8)1 (4) (10)	10 100.0	
1200	PRIMARY CAUSE OF DEA		PLACE OF INITIRY (vi. At hame, farm, str		21F LOCATION Str	eet or R.F.D. No.		City or Town		County	State
П	WHILE AT WORK		tary, affice buildin		,							
		certify that I to	ok charge of t	no romoins dos	cribad aba	ve held an A	utonsy X	Inches	ron 🗍, In	guiry 🗀,	ond in m	14 ANID AL
		esulted from	Noturol cou		ident .	Suicide 🗔		_ '	Indetermined	1 / 5,		y opin or
ı	deoiii i	630,000,110,111	X 1	, AC	idelli [],		CHIEF MEDICAL EXA		niderenimied	monner [_	
2	ACTUAL	11/8/11		Muga		** **	ASSISTANT MEDICAL			22b DATE S	GNED	
	SIGNATURE . EXAMINER'S	001100	1				DEPUTY MEDICAL E		-	Qu	ne 29.	1968
	NAME (Type		ertU.	Thomas			ADDRESS(Street, cit			0	1	
1	30 BURIAL, CREM		DATE	23c NAM	E OF CEMETER	Y OR CREMATORY		23d LOC/	ATION (City or Tax			tate)
	Burial Burial	(dty) 7/	2/68	Gard	lens O	f Faith		Bal	ltimore,	Mary	land	
- 11	24 FUNERAL DIREC	1		10	DDRESS		2Sa RECD BY	Y REGISTRA	AR 2Sb. R	GISTRAR S SI		
	Leonard	J Ruck I	nc Balt	imore, N	iaryl a	nd	DATE	1 1	368 FC	- TOPICS	00	



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. after deat

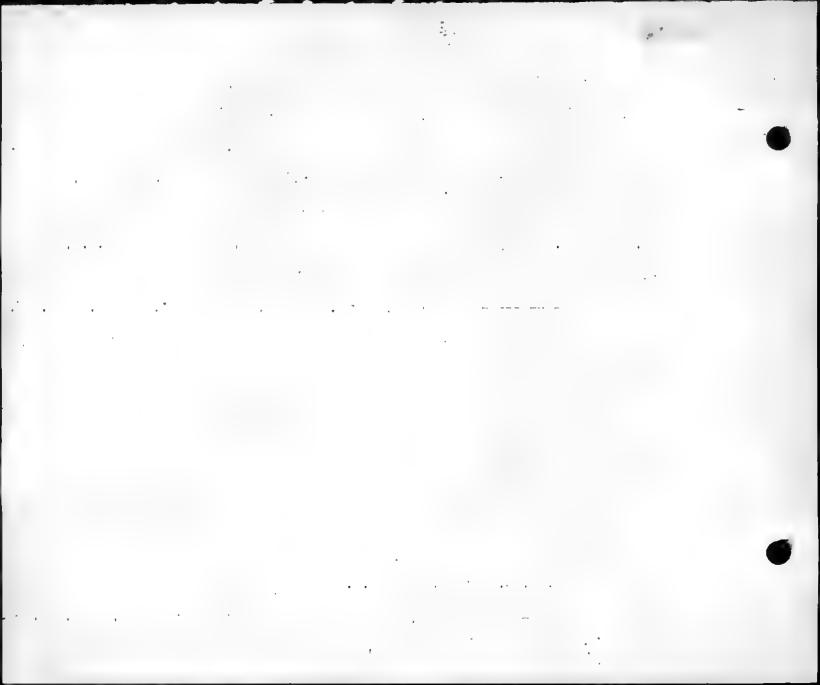
MADVIAND STATE DEPARTMENT OF HEALTH

	D1::1010:: 10-10-10-10-10-10-10-10-10-10-10-10-10-1			AKTIMENT OF		
	DIVISION OF STATIST	ICAL RESEARC	H AND RECORDS	, 301 W. PRESTON	I STREET, BALTIMOI	RE 1, MARYLAND
е	m#lb,d,FilmG402	7/11/68km	CERTIFICATI	E OF DEATH		*.

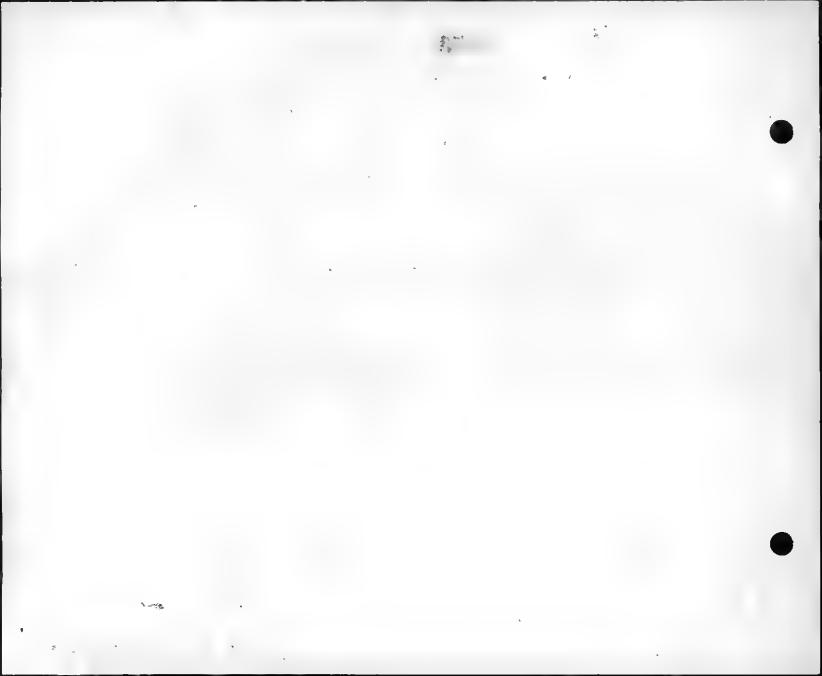
7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
Frederick	e. STATE Maryland b. COUNTY Frederick
h CITY OR TOWN (if outside corporate limits a ENCTU OF CTAY IN 1	
write RURAL and give nearest fown) Fred. Unionvivie days	Frederick
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street addres	I ON A FARM?
124 W. 5th Street	124 W. 5th Street YES NO N
3. NAME OF FIRST Middle DECEASED CHARLES MITNEOURD	Last 4. DATE Month Day Year
(Type or print) CHARLES WINFORD 5. SEX 6. COLOR OR RACE 17. MARRIED TO MARRIED TO	SOPER DEATH June 29, 19 68
5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR IF UNDER 24 HRS. 12-29 → 1895 FUNDER 24 HRS. Hours Min. Hours
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
Ret. Brush Co. Employed None	Adamstown, Maryland U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Agustus Soper	Mamie Stewart
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17	. INFDRMANT Address
(Yes, no, or unkown) (If yes give war or dates of service) No	s. Mamie S. Soper 124 W. 5th St. Fred. Md.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
	relievatio CVD Mean
+/dy DUE TO	in the state of th
Conditions, if any, which } (b)	
gave rise to immediate (cause (a), stating the DUE TO	
underlying cause last. (c)	
PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE 202. ACCIDENT WAS UNDERLYING TO DESCRIBE HOW INJURY OF OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER)	LATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
1771	YES NO
20a, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OC OR CONTRIBUTING CAUSE OF DEATH	CURRED. (Enter nature of injury in Part I or Part II of Item 18.)
9 Name a	LACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Phour s.m. While Not While	71.11
21. I certify that (I) (this hospital attended the deceased from_	3/160, 19 to 4/24, 1968, that (1) we last
	at death occurred at A. A., from the causes and on the date stafed above.
22a. SIGNATURE	ATTENDING AMED. STAFF 22b. DATE SIGNED
220 DHYCICIANIC	I.D. PHYS. DIRECTOR PHYS. 1 22d, ADDRESS
NAME (Type) Dr. M. E. Robertson M.D.	
	RY OR CREMATORY 23d. LOCATION (City, town or county) (State)
Buriol (Specify) (7-2)-1968 St. PRuls (
24. FUNESAL DIRECTOR ADDRESS	1 25a. REC'D BY REGISTRAR (25b. REGISTRAR'S SIGNATURE
Robert E. Dailey & Son Frederick, M	aryland JIII - 3 1968 Acharles Judge

VR #15 (4) 20M 1/65

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certilicate lie executed within Page 4 may be retained by lihe hospital or attending lihysician.

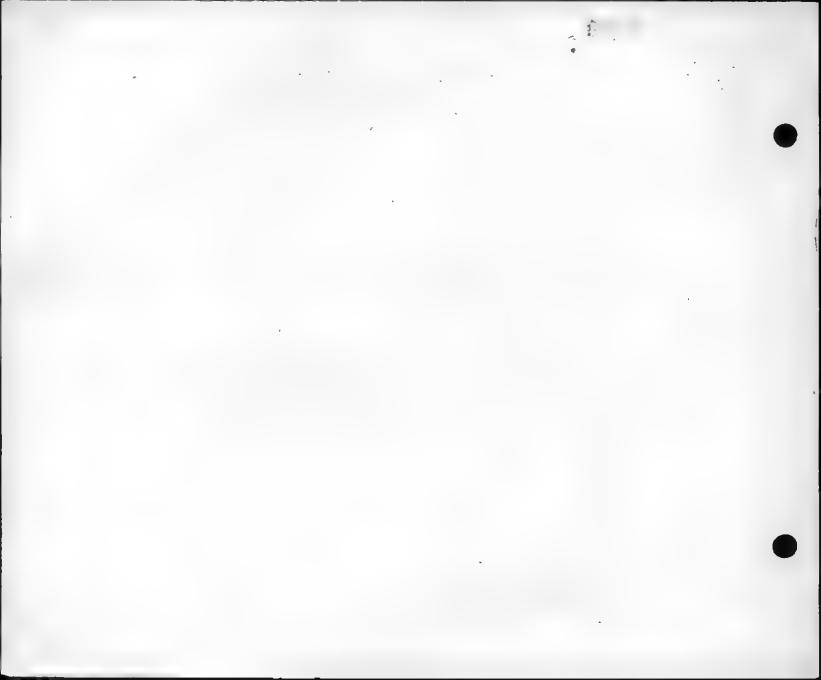


MARYLAND STATE DEPARTMENT OF HEALTH



- interest	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	4 504 45
FOE STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	. 9
MEALTH DEPT.	1 DECEASED-NAME First Middle Lost 20 DATE KNOWN Month Doy	Yeor 2b HOJ
af af		19689:30
delay and 3 and 3 ment	3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 2c, DATE PRONOUNCED DEAD	2d HOU
and de	m W Rec 27 1903 64 YRS ACMITALS DAYS HOURS MIN Month Doy Year	19
E 67 E 10 E	70. BIRTHPLACE (State or foreign 7b. C.T ZEN OF WHAT COUNTRY? 8. MARRIED [] 9. COUNTY OF DEATH	
	country) maruland U.S.A. WIDOWED DIVORCED Fra darich	
eoth S	THE LEADING	OF BUSINESS OR
TO 1. 22 1	Frederick (in Route to Fred men. Hosp. Takener) INDUSTRY	
Give Ong &	10. HE A DESIDENCE AND I .	rer-
s after 18 Gi along 2 with death	odm ssion) STATE Md. 13b COUNTY Frederick Walkersielle YES DNO 47 Maple are	
haurs Item 18 Office I and 2 after d	14 FATHER'S NAME First Middle ost 15, MOTHER'S MAIDEN NAME First / Middle	lost
thourn them Office I and 2		0 -
hin 24 ncil in niner's pages hours	160 WAS DECEASED EVER INVAS ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS WAS DECEASED EVER INVAS ARMED FORCES?	mager
within pencil xamine ile pagi	(Yes no, grunknown) (If yes give war or dates of service) 215-36-8060 Men Katherine E. Van Fossen Male	stiffe ME
with he Exar		PROX MATE INTERVAL
ried Tried	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c))	HTASO DIA TERMO MENT
be executed wil "pending" in pe nief Medical Exar ansit permit. File event within 72	PART DEATH WAS CAUSE (a) Acute Convestive heart failure	
pen af N sit p	Out TO, OR AS A CONSEQUENCE OF Conditions if ony, which gove) Anthomic Occil amortica Magnetica Discosco	
d b d b d : d : d : d : d : d : d : d : d : d :	isse to immediate couse (a), (b) At delitorite vascutat. Disease	
shauld be e ne ward "per a the Chief ! burial-transit i in any even	stating the underlying couse Dut 10, OK AS A CONSEQUENCE OF	
tat tat bur d in	()	
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6)	
certificat writing arwarded arwarded as c used as c	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION 20.	AUTOPSY?
is te e, w farv farv	■ International Contract Contr	YES NOOK
This icate, be for a feet of the terminal feet or ren	2 o EXTERNAL CAUSE WAS 21b. TIME OF IN.JRY Month Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18)	its nar
	11416 4 11	
NER: e certif shauld files. 3 shaulc atian, (PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21t LOCAT ON Street or R.F.D. No City or Town Country	Stote
EXAMINER: cute the certifage 4 shauld your files. Page 3 shauld, cremation, I, cremation,	WHILE NOT WHILE TO Foctory, office building, etc.)	31010
	AT WORK AT WORK	
ICAL E executor. Paged far CTOR: F burial,		d in my apinio
a b	death resulted fram. Natural causes , Accident , Suicide , Hamicide , Undetermined manner	
Ty, please rad directed retain perior ta	ACTUAL SIGNATURE SIGNATURE ASSISTANT MEDICAL EXAMINER 226 DATE SIGNED	
ssary, I ssary, I funeral ay be rail in Price	SIGNATURE EUBERS AV THOMAS M.D.	
fun fun fin fin fin fin fin fin fin fin fin fi	EXAMINER'S NAME (Type) 812 Toff House Avenue ADDRESS(Street, c.ty, town, or county)	
TO DEPUTY necessary, the funera 5 may be TO FUNERA! Health pr	230 BURIAL CREMATION Frequencies Maryland 22 INAMED CEMETERY OR CREMATORY 23d LOCATION (GITY OF TOWN) (County)	(Stote)
F F	Burial 6/23/68 Clasel Com M. Lebert to France In	(3.0.6)
n-K	24 FUNERAL DIRECTOR ADDRESS / 1 250. REC D BY REGISTRAR 250. RECIDENATURE	a, ma
VR A15ME A	G. C. Barton Walkersville md. DATEJUN 25 1968 gchanles	udge
10M REV 1/88	WILLIAM WILLIAM IN PARTY IN THE STATE OF THE	0

MARYLAND STATE DEPARTMENT OF HEALTH





18476

81

filled in by the funeral and within 72 hours offer TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physician and completely director, page 3 should be detached for usm as the burial-transit permit. Then please remove carbon should be filed with the State Dept. of Realth prior to burial, cremation, or remayol, and in any event, wi

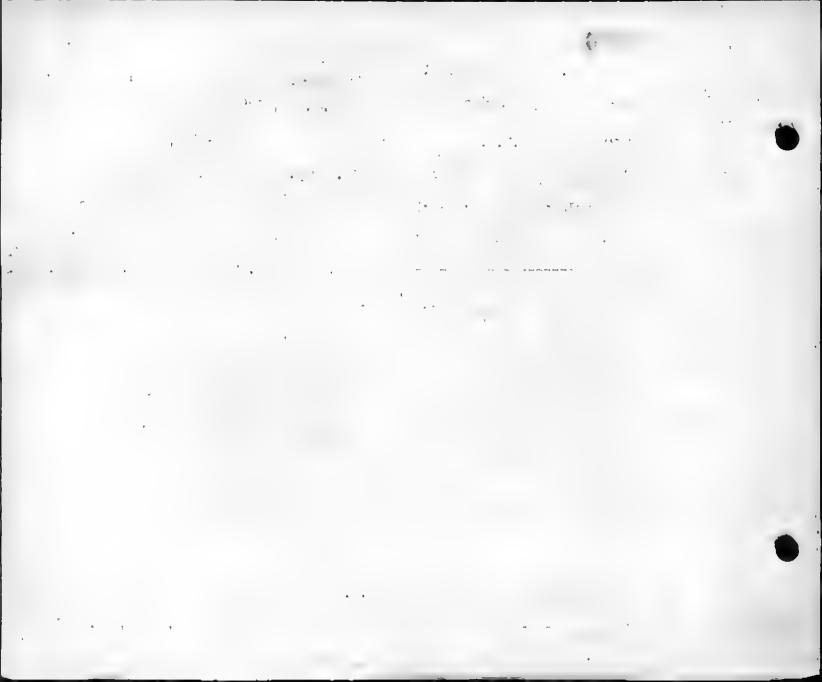
TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours after death.

Poge 4 may be retained by the hospital or attending physician.

	CLASED-NAME Ype or print)	W ₊ First		Merval		Weaver	(9 6)(1_	20. DATE	of DEATH ne Month	8 ⁰⁰	1968	25 HOUR 4 рм
3. SE	x Male		4. RACE Whi	te		S. DATE OF B	27, 1		6 AGE (In ye last birthda	ors IF y) MC YRS	FUNDER I YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS Min.
cour	BIRTHPLACE (Stote or f Bry) ennsylvan	ia	75 CITIZEN OF WHA		WIDOW		RCED _		erick.			Md
0 C	Frederick		11 NA. give s	WE OF HOSPITAL OR IN: DOA Frede:	stitution(cick	If not in hospitol Mem. Hos			ON (Kind of work and life, even if re an		12b KIND OF I INDUSTRY INO ne	BUSINESS OR
	usual Residence (Wi ssion) STATE Mar	here deceose vland	135 COUNTY	n: Residence before Frederic		or town ederick	YES NO		street and num 10 Ponti		renue	
14 F	ATHER'S NAME	rirst	Middle	Last		IS MOTHER'S M	AIDEN NAME F	irst	M	ıddle		Lost
	W.		Frank	Weaver			Edit	h	Jane		Hur	nter
160	WAS DECEASED EVER		ED FORCES? or or dates of service]	16b. SOCIAL SECURITY		7 INFORMANT				dress		Fred.
	es no, ar unknown) NO	(I) And District	or or others or service)	220-34-22	253	Mrs. Go	oldie C	. Nea	ver 910	Pont		
	Conditions, if any, wrise to immediate a stating the underly lost.	was caused immedia which gove couse (o), ing couse	BY. TE CAUSE (a) DUE TO, OR AS (b) DUE TO, OR AS	A CONSEQUENCE OF	Lion	e av	L DISEASE ORG	ant conditions	/ _ ' '			MATE INTERVAL NSET AND DEATH
EDICAL CERTIFICATION	190. DATE OF OPERATI			CH OPERATION WAS PE		20a. AUTI YES [7	K NO □	CAL). IF YES WERE FIN USES OF DEATH?	40		RTIFYING
EDICAL CE	210 ACCIDENT WAS OR CONTRIBUTING (If either, notify med 21d INJURY OCCURR While Not while of work of work	CAUSE OF DEATH discol exomin RED 21e.	HOUR A.M. er) P.M.	Month Day Year AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.	9				injury in Part 1 or City or Town		m 18.) County	State
	saw the de	ceased al	ive on	nded the deceas did nat) view the	19 <u>62,</u>	and that in (n	(, 19_5 ny) (aur) api	inian deat	th accurred an	, 19 <u>_6</u> the date	that and have a	(I) (we) lost and from the
	225 SIGNATURE	maja	a &	Time	D	EGREE PHYS	D 7	AED. DIRECTOR [STAFF PHYS.		TE SIGNED	8
,	22d. PHYSICIAN S NAME (Type)		ias C	TUNE		22e. AD	KE22		ruh	in	10	
	BURIAL, CREMATION, BUY 1 (Specify)	23b t	11-1968			or crematory Cemetes	У		ation (City or Tow yburn, Y	ork,	-	,
24.	Robert E	Dais	Son	ADDRESS Frede:		Maryla	2So. REC'D B	Y REGISTRAL	1968 REG	ISTRAP S SIG	GNATURE Y	noge

Frederick, Marylandale

VR A15 (4) 30M REV. 1/68



funeral 2

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. As shauld be filed with the State Dept. of Health prior ta burial, crematian, ar remaval, and in any event, within 72 halos

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CEDTICICATE OF DEATH

08483

TY) Frederick, Md. ITY OR TOWN OF DEATH CAR Buckeystown USUAL RESIDENCE (Where decease)	Middle Peter 4. RACE White 7b. CITIZEN OF WHAT COUNTRY? U.S.A. 11. NAME OF HOSPITAL OR INS give Free codingsslick d lived, if institution: Residence before 13b. COUNTY Frederick	8. MARRIED NEVER MAR WIDOWED DIVO STITUTION (If not in hospitol Rt.# 9	RRIED 9. CC	DATE OF DEATH June Manth 5, Doy 1873 6. AGE (In years last bythday) yrs. DUNTY OF DEATH Frederick, CUPATION (Kind of work done	AF UNDER 1 YEAR MONTHS DAYS	2b. HOUR 12:45 IF UNDER 74 HRS. HOURS MIN.
Male Male IRTHPLACE (State or foreign fry) Frederick, Md. ITY OR TOWN OF DEATH EAR Buckeystown USUAL RESIDENCE (Where deceased	White 7b. CITIZEN OF WHAT COUNTRY? U.S.A. 11. NAME OF HOSPITAL OR INS give Here deless ick d lived, if institution: Residence before	Februs 8. MARRIED No NEVER MAR WIDOWED DIVO	RRIED 9. CC RCED 120. USUAL OC	1873 last by day) yrs.	MONTHS DAYS	HOLIKS MIN
Try) Frederick, Md. ITY OR TOWN OF DEATH CAT Buckeystown USUAL RESIDENCE (Where deceased state) STATE Maryland	U.S.A. 11. NAME OF HOSPITAL OR INS give speet oddingss: Tredier ick d lived, if institution: Residence before	widowed Divol	RCED I	Frederick. CUPATION (Kind of work done	I to Hun or	-
usual RESIDENCE (Where deceased ssion) STATE Maryland	give Frederick d lived, if institution: Residence before	Rt.# 9	120. USUAL OC during grestfol		TAK MINID OF	
ssion) STATE Maryland	d lived, if institution: Residence before		RCCI	working life, even if retired.)	A STONE SOUTH SE	None None
ATHER'S NAME First	Frederick	Rt.# 9	13d. INSIDE CITY LIMITS? YES NO		rederick	C
	Middle Lost Nhite		AIDEN NAME First Mary Pe	earl Middle		Last
WAS DECEASED EVER IN U.S. ARME	D FORCES? or dates of service) 218-24-88	NO. 17. INFORMANT B76 Mrs. Ex	cie D. Wh:			
PART 1 DEATH WAS CAUSED	Ry.	milety				MATE INTERVAL INSET AND DEATH
794 × Shun 190. DATE OF OPERATION 196. CO	ONDITION FOR WHICH OPERATION WAS PER	RFORMED 20a. AUTO	DPSY?	20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH?		ERTIFYING
OR CONTRIBUTING CAUSE OF CEATH	HOUR A.M. Month Day Year P.M. 19	9				
While Nat while at work	OFFICE BUILDING, ETC.	1				Stote
22b. SIGNATURE	(1) [we) (did) (did not) view the	DEGREE PHYS.	NG MED.	OR STAFF 6	DATE SIGNED →5⊶1968	
	18. CAUSE OF DEATH (Enter only PART 1. DEATH WAS CAUSED IMMEDIAT Conditions, if ony, which gave nise to immediate cause (a), storting the underlying cause lost. PART 2. OTHER SIGNIFICANT CONE PART 2. OTHER SIGNIFICANT CO	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c). PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF (b). Conditions, if ony, which gave rise to immediate cause (a), lost immediate cause (a), lost immediate cause (a), lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO CONTRIBUTION	IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave his et a immediate cause (a), and that in (m causes stated abave, (1) (we) (dig) (did nat) view the bady after death. DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF (d) DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF (d) B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave nise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Cost. DUE TO, OR AS	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c)) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave inse to immediate cause (a), (b) DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED 190. DATE OF OPERATION 190. CONTRIBUTING 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 210. ACCIDENT WAS UNDERLYING 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 210. ACCIDENT WAS UNDERLYING 190. CONTRIBUTING 190. CAUSEO OF DEATH? HOUR A.M. Month Day Yeor P.M. 19 21d. INJURY OCCURRED 190. CONTRIBUTING 190. CITY of FIGURAL P.M. 19 21d. INJURY OCCURRED 190. CITY of Town 190. CITY of	R. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).	

12 42 9 2 2 parties ? The state of the stat 1367 1363 process 2 - 4 - 7 - 27. 27. 27. 0.355 2.- 9 - 20 124. 1. tang. I be .e ... The state of the second . , ಇಂತ್ರಕ್ಕೆ , ಇ ಕಂತರ ಕಾರ್ಯ ಕಾರ್ಯಕ್ಕಾರ ಕಾರ್ತಿ , ', 1-- ತ್ರಾಹ the state of the state of the state of

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

08482 CERTIFICATE OF DEATH Middle 2b. HOUR A DECEASED-NAME First Lost 2o. DATE OF DEATH Welty June Month 20 Doy (Type or print) Edgar Monroe 1966 3. SEX 4. RACE S. DATE OF BIRTH IF INDER I YEAR IF UNDER 24 HRS 6. AGE (In years White Male last (directory) July 6. 1905 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) Maryland USA Frederick WIDOWED [DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) Fisherv Adamstown Home 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY EIMITS? 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY YES 😿 Md. Fred. Adamstown NO. 14. FATHER'S NAME **First** Middle Lost S. MOTHER'S MAIDEN NAME First Middle Lost William H. Nettie Clem Welty 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Nes no, or unknown) (If yes give war or dates of service) 213-18-0799 Laura F. Welty Adamstown. Md. APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line or (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: CETWEEN DINSET AND DEATH IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gove) rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART 1(0) 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗌 NO -210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY TO DR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. County City or Town Stote While Not while at work 22a. I certify that (I) (this hospital) oftended the deceased from saw the deceased alive an 1964, one that in (n causes stated above, (I) (we) (Jd) (did nat) view the bady ofter death. 1, 19/0X, to CVMU ., one that in (my) (our) opinion death accurred on the date and haur and from the 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. DEGREE DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS Elmer J. Harp NAME (Type) Middletown, Md 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION 23d. LOCATION (City or Town) (County) (Stote) BUT I B (Specify) 6-23-68 Mt. Tabor Cemetery Rocky Ridge Fred Co.Md 1968 REGISTRATES SIGNATURE 24 FUNERAL DIRECTOR Raymond E. Creager 25o. REC'D BY REGISTRAR

furment.

house requires that the death certificate be executed within 24 physician and completely fille en please remave carbon po within event, burial, crematian, burial-transit signed by the the O FUNERAL DIRECTOR: After this certificate has been far be retained by the haspital be detached shauld director, page should be filed

30M REV. 1/68

death. pug

